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Original Articles.

"TURPENTINE"—SOME OF ITS USES.

BY BEN. H. BRODNAX, M. D., Brodnax, La.

It is not an uncommon occurrence for a country doctor to be "caught up" without all of the valuable aids to the medical art, near at hand. At such a time he would do well to know the uses of some of the more common drugs which are to be found in almost every house. One of the most common, as well as most useful is turpentine.

Suppose you want a light blister and have none of "J. & J. blistering tissue;" wet a piece of cotton in turpentine place it *in situ*, and cover with a tin box top; in a very few minutes you can peel off the cuticle. I have seen some bad cases of nausea checked in a few minutes with this. A scalded surface can be easily cured by dusting it with boracic acid and acetanilid, equal parts rubbed to a powder. It is a false idea that turpentine is a good application to an inflamed external surface, don't try it. Several years ago I had a very severe attack of erysipelas, my head swollen out of all proportion and face blistered badly. A doctor, a good friend of mine, was called in and prescribed "pure turpentine on a flannel cloth." I do not know what possessed him to order it, and when I smelled the odor, as I could not see it, and asked my wife what in the world she was doing, she said "doctor said put it on," "well" I replied, "the doctor must have been asleep or crazy—but put it on if he said so; always obey the doctor." It was the last of consciousness in me for ten days, and I might now be in the "happy hunting grounds," had not my wife understood the process of resuscitation after breathing had stopped. I am not perfect in chemistry, but think

turpentine, when exposed to the air, oxidizes rapidly, thereby destroying the cuticle. So much is this the case that an oil of some kind—castor oil preferably, is used with it. These blistering or rubefacient properties are of great value in many ways.

Turpentine as an application, mixed with some bland oil, on a soft cloth, laid over the abdomen, answers a splendid purpose in acute dysentery, diarrhœa, cramps, etc. Placed in same manner over the chest in pneumonia and pleurisy, under a hot poultice, or a warm smoothing iron, I have seen it relieve pain and distressed breathing in a very few minutes; applied around the neck or between the shoulders it operates much to comfort painful swallowing, and shoulder aches. A flannel dampened with it and pinned to the under shirt and allowed to fall over a sprained or painful shoulder or a bruised shoulder blade, caused by a fall on the sleety ground, I found particularly pleasant last February.

As a styptic, it has no equal. Everybody has seen how quick a mixture of turpentine and sugar will check hemorrhage in wounds of a very serious character. It is also, alone, spoken of as a certain styptic in uterine hemorrhage, applied intra-uterine, on a soft rag or sponge.

Several years ago I was sent for to see an old man who had laid out for several hours during a very cold night, drunk. He could not, after he was sobered, turn himself or move on account of stiffness and pain in his back. I had him turned over, laid a cloth fourteen inches long, ten inches wide, soaked in turpentine, on his back, then covered it with a thick towel. I then took a hot smoothing iron and ironed the whole cloth over 'till he could not bear it, stopped, removed the iron, let the back cool off a little and re-applied the iron. This I repeated three or four times with result that in half an hour from starting, the patient was able to get up and walk to the fire and sit down in a chair without any help.

The same process was applied last winter to a man at the lumber mill who got his back twisted under a heavy timber. He had been in bed for two days unrelieved. After the use of the remedy at 8 p. m, and allowing the warm cloth to remain all night under him while he slept soundly, he got up next morning and went to work.

In urethral troubles as an aid to injections I always, when the party can use it without stranguary, order three to five drops of turpentine, three or four times a day by mouth. It may be a superstition but my gonorrhœa cases are usually well in two weeks or thereabouts. A few drops of essence of pepperment disguises the taste and smell.

In lame backs after a hard day's ride, or extra heavy day's work, or cold settling in the muscles, five to ten drops taken at bed time sets all right by next morning.

As part of an enema, mixed one part turpentiue to two or three parts of syrup, or molasses, and then reduced to the proper amount by means of hot water, causes rapid peristaltic action and at same time helps to heel and sooth the colon and frequently checks any bleeding from small cappillaries.

In pneumonia and bronchitis used as a vapor as follows: Take any small tin vessel that will hold about a quart, fill it about an inch deep with water, throw in a few rags, or some lint cotton. On this pour about one-fourth ounce of turpentine, set it on coals to boil. Now cover the head with a towel, place the steaming vessel under the towel and ask your patient to draw as long breath as he can, retaining it as long as possible before expiration. You will see a calmer expression come over the drawn features and rest and quiet sleep follows. I have seen some very severe cases of pulmonary hemorrhage cured by this simple means. I have been surprised at the relief afforded in cases of dangerous dyspnœa resembling croup, or asthma from inflammation in larynx. When the cough is dry and hard, phlegm difficult to loosen, the warm moist turpentine vapor has given me much more satisfaction than the cumbersome vaporizer (which somehow seems never to be at hand when most wanted).

In infants troubled the same way, wring out a sponge or soft cloth in the hot solution, cover the head, while asleep, place the wet cloth over the face. I have seen some bad cases of pseudo croup (laryngitis) cured in a very short time, and some as severe bronchial troubles, otherwise very much benefited. It seems to quiet the infant who lying at ease sleeps soundly as if it had taken a sedative.

As a tea, "Turpentine Julep" as old Dr. Chas. Miggs used to call it, made as follows: Put up twenty drops of turpentine with a full teaspoonful of brown sugar or syrup, then add hot water stirring meanwhile, when cooled strain into another cup. This last frees the solution of any free turpentine. In this solution you have a fine remedy for infant colics acting as an anti-ferment and freeing the stomach and intestines of the superfluous gas, which causes the trouble. A cloth wrung out in the warm solution placed over the bowels will aid the medicine as a menstruum with which to use any other medicine such as bismuth sub-nit, acetal lead, salicylate of bismuth, etc.; also arsenite of copper, helping to heal the bowels and prevent cramping. As an enema for the infant it also answers a good purpose as an aid to the same given by mouth. A drop of essence peppermint will deodorize it.

The white inside bark of the small pine trees, chewed or made into a strong decoction, a half wine-glass-full every half hour will check diarrhœa by two or three doses.

Is this rather backwoods, eh? Well try the remedy and see if you don't have to take a dose of compound cathartic pills to start *things* going again.

A mixture of the following, fresh pine resin and alum one part, sugar two parts, rub to a powder in a mortar, a small pinch placed in mouth, dissolved in saliva and swallowed after a cough or several times a day, will cure a bad sore throat, hoarseness, or dry cough. Have known several cases where the voice was lost on account of sudden cold, restored in a few days by its use, and proper care of the person. One more—but don't prescribe it unless you know your man, or you may get the nick name of "Dr. Pine Splinters" as I did.

Cut a thin shaving of fat pine wood, chew it, inhaling through the mouth and swallowing the juice with saliva. It will prove a blessing to you in some of your long cold rides, when you have slight sore throat, hoarseness or cold; after inhaling through the mouth exhale through the nostrils. I have felt much relief from a cold "in the nose" from this simple procedure. In the wood you have the resin combined with the turpentine and a longer

time of application to the surfaces. My "sir name" has about died out but the homely remedy still holds its own when it is used. You have only to try it, in a pinch, when everything else has failed you to be convinced of its value. I use nothing else myself for the little ills that exposure brings on me, but only prescribe it for others when I feel that it will not be considered "too simple a remedy."

AN AGENCY PHYSICIAN'S EXPERIENCE AMONG FRONTIER INDIANS.

By Jas. L. Neave, M. D., Dresden, Ohio.

The *New York Medical Record* of December 1st, 1894, contains a very interesting article on "The Indian Woman in Labor;" contributed by Dr. Guy C. M. Godfrey. The observations therein contained, coincides so exactly with observations of my own among the Arickarees, Gros Ventres, and Mandans, at Fort Berthold, N. Dakota, and supplements so well the series of articles I have recently contributed to this Medical Journal, that it seems proper to follow in the same lines, and add my corroborative testimony on the same subject. Some points I have already touched upon, in former articles, have been brought to memory by reading the article above spoken of.

The Indian girls of my acquaintance, married early and aged rapidly. Old Indian women lost all comeliness and many of them developed into hags. I particularly call to mind, one woman who had what might be called a double face. One side was ugly enough—but the other was a revelation. That side was so horribly ugly, that it gained for her the nickname of "the devil." Positively, the expression of that side of the face was satanic in its fiendish ugliness.

Pregnancy and labor seldom troubled the Indian woman any—both were a matter of course. The pregnant woman pursued her usual avocations, up to the moment of labor. She carried firewood, chopped wood, hoed in the fields, drove the wagon, just the same as usual. When the time came for delivery, she disappeared from her usual haunts for a day or so, and then re-

appeared with her pappoose strapped on a board. Just how it came, I don't know; as a white doctor is seldom—almost never—invited to these tea-parties. One thing I do know; they are never delivered upon a bed, but upon a pallet made upon the floor. Whether the old women kneaded the bowels with their hands, during ordinary labor, I know not. But as kneading of the bowels is the universal panacea for almost all the ills that Indian flesh is heir to, I suppose probably this method of assistance is resorted to. Certainly abortions were very frequently produced by this method; the effectiveness of which may be appreciated, when it is understood that the kneading is done by some big, strapping, strong-armed woman, who uses her knuckles, bearing down hard at the same time. Cases of dysentery and diarrhœa also receive the kneading treatment; the usefulness of which in the above named diseases, may be imagined.

Of multiple births among the Indians I know of but one instance; where the wife of Nashan Tiranahu (Plenty Chief) became the mother of twins. Puerperal troubles of any kind were rare. Abortions were exceedingly common—and morality was at a large discount. I have an idea, in fact, that the latter belonged only to past generations of long ago.

Mentally, the Indian seems to be a grown up child—that is judging him from a modern civilized standpoint of view. He can be *led* to many things—but he will not be driven. Once he gets an idea into his head or thinks up some want that he wishes gratified—and he is as unreasoning as a child and has the insistence of an adult. It is difficult to make him understand consequences and results—he sees only what he wants, and looks not beyond. I remember well, an incident that forcibly illustrates this trait of character. A herd of buffalo was reported within hunting distance of the Fort, and the Indians became much excited over the prospects of a successful buffalo hunt, and besieged the Agent for permission to go after them. He was willing for a reasonable number of hunters to go, but required that enough remain behind to attend to their growing crops. But in communicating his wishes to the Indians, the Agent was careless and inattentive in his manner towards them, and mani-

fested little interest in their excitement. They repeatedly asked that all should go that desired to do so, and he persisted in paying no further attention to them, saying neither yes nor no. Finally one day as the Agent was sitting in his office, behind the railing which separated the desk from the balance of the room, the door suddenly opened and in stalked three of the most powerful Indians—both physically and influentially—on the reservation Pa dese dish (Crows Breast), Ha da te no gi tu (Wolfs Ghost), and Ich ta ka kish (Hawk), together with the Interpreter; all six-foot fellows. In their hands they carried lariats. Without a word the gate of the railing, which stood ajar, was kicked open, and old Crows Breast walked up to the Agent, clapped one hand to the side of his head to steady it, and placing his extended finger of his other hand in the opposite ear, made a boring motion using considerable pressure. Reversing, he went through the same motion in the other ear. Then through his Interpreter, he explained that the Indians had requested permission for all to go hunting who so desired, without being able to obtain any answer from the Agent. They had come to the conclusion that the ears of their agent must be stopped up; the wax had now been bored out, and their Agent could certainly hear. For the last time he would prefer his request; if not granted, he had instructed his young men to take the Agent to the bridge over the creek, tie lariats under his arms, and duck him, if necessary, until he was all but drowned. If permission was still refused, he would be set on the road and driven off the reservation—and his young men were there prepared to obey orders. The Agent was too frightened to speak; and while looking helplessly at them, the two stalwart Indians stepped behind the rail, took him by the arms, jerked him onto his feet, and started for the door. This was too much; the terrified Agent found his voice, yielded and gave the desired permission for all to go who desired to do so; and the indians departed, rejoicing over the success of their mission. The sequel demonstrated the fact that the Agent was right enough in trying to detain some of his charges from going to the hunt; and he would have carried his point, but for the fact that his weak administration had lost for him the respect of the Indians. While they were away from their fields, the weeds,

particularly in the bottoms where much of the corn was planted, took on the rapid growth peculiar to all vegetation in this part of the world, and soon completely overtopped the corn. On the return of the workers, these fields were laboriously cleared of the offending weeds, and the sun let in upon the pale spindling corn, blasting it completely as though scorched by a heavy frost. The entire corn crop in the bottoms was a complete failure. Referring again to the lack of respect inspired by the agent above spoken of, I will state that because of his seeming inability to keep his word, he earned for himself the name Nashan Chasu—the Liar Chief—and I heard him referred to by this sobriquet, years after his administration was a thing of the past.

While the Indian may in some respects be a grown up child, still his shrewdness in many things, will place him upon a plane at least equal to his more pretentious white brethren. His judgment of character is generally correct—his weakness is in his inability to successfully oppose what his intuition tells him may be contrary to his best interests. He generally sees wherein he is being overreached, but he is handicapped by his inability to express himself in the language of the stronger race. Like all ignorant people he is naturally superstitious; and herein lies the power of the medicine men. I give these latter the credit of being keen enough to know that they are arrant humbugs, and that their power over their fellows depends entirely upon this superstitious vein in their characters.

[*To be concluded in June Journal.*]

LAGRIPPE.

By Dr. M. A. Richardson, Corydon, Iowa.

Lagrippe is a specific and an endemic disease, and is no doubt due to a microbe which is pathogenic of it, and has a definite period of incubation. In some respects it is a marvelous disease, and the germ can multiply in the air and reproduce itself. Races and sex are, equally attacked by this strange malady. The symptoms are curious and of a specific character; it may attack any part of the animal tissue and localize itself and run

its course. In one individual the mucous membrane is attacked, in another the serous as well as the mucous, affecting the peritoneum, bladder, and uterus in the female; in another the nervous, another the muscular, and finally the brain may be included in some cases. Lagrippe usually is first attended with a definite febrile action with especial affection of the nose and air passages, and generally commences with a coldness down the spine, followed with a dry skin and quick pulse, and may run in this way for a few days, when it will make its specific appearance according to the nature of the individual attacked; may be pleuro-pneumonia, capillary bronchitis, the stomach and bowels, the mucous track in general, or the nervous system, and in many cases the muscular system. The feverish state usually lasts for five days. It should be stated here that one of the peculiar features of this malady is, when it attacks any portion of the system it spends its influence upon that structure, and does not extend to any other parts of the body. We find it acting upon the neurilema of the nerves, or the muscular tissue, and remaining until it runs its course; also we find it attacking one lung. In some cases where the nervous system is the seat of the attack, profuse perspiration of a troublesome character is a prominent feature; at other times this peculiar affection begins with a swelling and dryness of the lining membrane and tissues of the nose; also the cavities of the forehead causing distressing frontal headache, and almost a constant sneezing; the mucous membrane of the eyes are affected to a greater or less degree, and a thin acid discharge soon takes place. This condition soon extends to the smallest branches of the bronchi; the pharynx is also affected, but in a less degree. The discharge from this inflamed membrane is at first thin and acrid, but soon becomes thick and tenacious; so much so, that it will stick to the bottom of a vessel after being turned upside down. There is great distress in breathing, and the pallor of the face, and lividity of the lips, show a decrease in oxygenation of the blood. There is another form of this dreaded disease; one that is attracting at this time much attention, and is called by the laity "pink eye." this is a strange malady indeed, and as above stated, shows the peculiarity of the disease, which is capable of attacking any

portion of the system, and running its course there. This so-called "pink eye," attacks the eyes, causing them to become suffused with blood and producing intense pain, and no doubt many cases of blindness will follow from the sequela, such as amaurosis and glaucoma, and its ravages will never be written. In all cases there is depression and loss of spirits with aching pains, and muscular and neuralgic pains in various parts of the body or extremities. The mind is often affected, and the patient may become stupid or even delirious. The temperature of the body seems to be raised in most cases where it attacks the serous or mucous membranes, but no exact observations have been made to my knowledge upon this point, but when the plura and lungs are implicated, the temperature may run up to 105° Fahrenheit. Profuse perspiration may occur, and when the membranes of the brain are implicated, acute mania, great delirium, and dangerous symptoms may appear. It will be especially remembered that often there is remarkable prostration of the nervous system, as well as the muscular strength.

The cough is spasmodic, and when existing at all, is very severe. Sometimes uncontrollable vomiting is present, and has frequently brought on an abortion in the pregnant woman. Another peculiar feature of this disease is, the skin at times assumes a yellowish tint; at others, a bronze hue. The kidneys often suffer severely from this affection; cystitis, suppression, acute Bright's disease, and uremic poison may even supervene; and again we find that the glands under the arms, chin, and various parts of the body are swollen and painful. The convalescence is often slow and relapsing, and in some cases a prolonged debility exists. The "pink eye" and "epizootic" in horses are identical with lagrippe or influenza in the human being, and the "pink eye" is only a modified form of lagrippe, attacking the mucous membrane of the eye. The treatment of this malady has so far been mostly empirical, and volumes have been written, and many remedies have been pushed forward, but none have as yet proved a specific for this wonderful disease. I think all will agree with me, that rest any quiet in a warm room, has saved many a life. Benzoate of soda, in from three to five grain doses for an adult, given every three hours is as near a

specific as that term will admit. The constant inhalation of iodine by holding the bottle containing the tincture in the hand and inhaling the vapor is beneficial. Menthol to be useful, should be almost constantly inhaled. The complications as it is termed, of lagrippe, must be treated each separately according to the locality affected; but constantly give benzoate of soda whenever it can be borne. When the lungs are attacked, or the bronchi threatening a capillary bronchitis, I am especially desirious to call attention to an old remedy, and one that is of inestimable value in all the complications arising in the respiratory organs of an inflammatory nature in influenza; especially so, in pneumonia. It is cheap, and above all, absolutely unattended with danger, I do not care how administered. This remedy is none other than *lobelia*. It should be used by making an infusion; one teaspoonful steeped in a cup of warm water (not hot) and strained off, and one teaspoonful of this infusion given every five minutes until complete relaxation occurs, even if the patient appears so relaxed as not to be able to speak or move the eyes Then give some stimulant, such as ginger, pepper, whisky, or any stimulant that may be at hand, and your patient will soon vomit an immense amount of thick tenacious mucus; and depend upon it, you need not give yourself any uneasiness about him. After this you need not give another dose of medicine and your patient will get well. I am aware that many physicians are averse to this procedure; I am also aware that but few physicians ever have had experience with this truly wonderful remedy in pneumonia; I am aware too, that many persons as well as physicians are prejudiced, and do not have the least conception of the specific therapeutic quality of this remedy. I desire to assure timid people, that this remedy is an absolute specific for pneumonia when administered as above directed, and that you can not kill your patient with it, even if you cause the alarm. This is the point. Do not be afraid, do not hesitate, but give the infusion until complete relaxation has occurred; then stimulate and you have accomplished your desire; or in other words, you have cured your case of pneumonia; after which nothing but rest and nutrition will be required. This practice may be new to many physicians, but it is an old remedy in a new role.

IMPERFECT RETENTION AND INCONTINENCE OF URINE.

Written for the Journal.

The probabilities are that in a majority of these cases there is a lack of the proper nerve co-ordination. Imperfect retention may be due to an irritation of the sphincter so that the contraction of this muscle cannot be overcome by those of the fundus. When the effort to urinate is made, a portion of the contents of the bladder passes off, but this act requires a relaxation of the muscular fibres of the sphincter. This movement of those fibres together with the irritation from the stream of urine acts on this muscle and causes it to contract and prevent the further flow of urine. For this condition nux vomica is one of our best remedies and frequently removes the trouble.

Incontinence is generally due to an imperfect contraction of the sphincter. This may be due to irritation in the fundus of the bladder. For this condition belladonna is generally successful in removing it especially if given until its full influence is produced. In some cases that do not yield readily to belladonna, cantharides may be used with it.

In some men after they have passed the three score mile-stone in life, and occasionally before, there is an enlargement of the prostate gland so that the bladder cannot be completely emptied. The saw palmetto is very useful in these cases as it not only lessens the irritation but decreases the size of the gland.

The Cramps of Cholera—May be successfully treated with the following combination:

℞ Chloral Hydrate . . . . . 3 dr.
Sulphate of Morphine . . . . . 1 gr.
Sulphate of Atropine . . . . . ¼ gr.
Chloroform Water . . . . . 4 fl. dr.
Distilled Water. . . . . 4 fl. dr.

Mix. A dose is twenty minims repeated every ten minutes as required.—*Ex.*

THE TREATMENT OF TYPHOID FEVER (PEPPER.)

Wm. Pepper, M. D., late provost of the University of Pennsylvania, stands in the very front rank of American physicians. He is an authority on many subjects, but in the treatment of no disease has he been more successful than of typhoid fever; and it is probable that he owes his present enviable position as much to this one fact as to any other.

In his very recent excellent treatise on the Theory and Practice of Medicine, he discusses the subject of typhoid fever at length, and makes many new and valuable suggestions regarding the treatment of it.

According to Dr. Pepper typhoid fever is in a great measure a preventable disease. Produced as it is by a specific germ, it is at once seen how very important it is to prevent this germ entering the system, how necessary to destroy it. To do this effectually requires the thorough disinfection of all fæcal discharges of typhoid fever patients. These discharges should never be thrown upon the ground. Throw them into privies and water-closets or, in the country, bury them in the earth at places remote from the supply of drinking water. Equal care is required in cleansing the body linen, bed-clothing, room and furniture.

As soon as typhoid fever makes its appearance, and is recognized, it is essential to make careful search for the source of infection. The water and milk supply should first receive attention. Drainage and house sewerage are less likely to induce typhoid fever than other infections.

In the treatment of typhoid fever a *good* nurse is a prime requisite. Careful attention to details is imperative.

The sick-room should be large and airy as possible. Strong draughts must be avoided. A woven wire mattress covered with one of hair forms one of the best beds. A rubber cloth should be spread beneath the sheet. The sheet must be kept smooth at all times as a preventation of bed-sores.

Complete rest is essential. From the very first suspicion of typhoid fever the patient must be put to bed and kept there. The effect of postponement is bad.

The use of the bed-pan and urinal should be insisted upon.

The diet is of great importance. It should be from the start, liquid. Milk is generally the best thing to give, and in many cases is all that is required at any stage of the fever. From one and a half to two quarts is a suitable amount for an adult during twenty-four hours, providing it does not disagree, given at intervals of two or three hours. Great care should be exercised in not giving more milk than can be digested. The milk may be given raw or boiled, hot or cold, iced, peptonized, mixed with lime-water or ærated water according to the case. It is a mistake to regard milk as the only suitable article of diet. When constipation arises, or the repugnance of the patient to milk exists, buttermilk, whey or Koumyss may be found available. Broths or soups of mutton, beef, chicken, veal, oysters, or clams are often useful. They may contain a small quantity of barley or rice. The white of egg mixed with water or with stimulants is valuable at times, as is beef juice.

A patient should be convalescent for at least ten days before he commences to take solid food even gradually, Water should be freely given, small amounts at short intervals. Be careful not to so flush the stomach with water as to weaken digestion. Carbonated water, or cracked ice is often an agreeable change.

The question of administering alcohol comes up in every case of typhoid fever. In mild cases, especially where the patient is young, healthy and temperate, stimulants are not needed so long as the disease follows the typical course. Here as elsewhere alcohol should be avoided when not absolutely demanded. There is, however, generally such a dangerous tendency toward nervous exhaustion that in a majority of cases more or less alcohol is required. The indications which call for its use is an inability to administer enough food These cases arise when there is repugnance to food or nausea ; under such circumstances small amounts of stimulants, such as brandy or whiskey in carbonated water or milk, or dry champagne, are not only assimilated with food, but aid in maintaining the circulation until the crisis is past. Again the existence of high temperature nearly always makes it necessary to stimulate the patient, as does threatened nervous exhaustion and heart failure, for immediate

effect; likewise a weak, small, compressible, rapid pulse with impaired cardiac impulse and systolic sound is a frequent indication for alcohol. Other remedies may be required, but alcohol cannot be dispensed with.

It is necessary to give alcohol in serious complications of typhoid fever, such as pneumonia, pleurisy, hemorrhage, and severe bronchitis or diarrhœa. It is best to begin giving it early, and in small quantities, 2 to 6 ounces is a moderate amount, 8 to 12 ounces daily is not too much for severe adynamic or complicated cases. If delirium grows less, the pulse stronger and the tongue less dry under the use of alcohol the remedy is doing good; but if these symptoms become aggravated there is danger that too much alcohol is being given. Probably the most convenient and reliable form of stimulant is whiskey or brandy. At times it is well to change to wine.

Reduction of temperature is a very important matter in the treatment of typhoid fever. When the fever does not rise at any time above 102° Fahrenheit, this question does not have to be considered. There are exceptions to the rule, but generally speaking the temperature must be resolutely kept below 102.5° Fahrenheit. The only way in which this can be done safely and effectively is by the external use of cold water, hence to-day hydropathy is an almost constant feature in the treatment of typhoid. There are several modes of applying it, as, repeated spongings of the surface, the ice-cap to the head, the cold water pack, cold affusion, Leiter's tubes, the graduated bath, the Brand method. All these methods are useful, but from none of them can such results be obtained as from the strict compliance with the Brand process, first published in 1861, which was the beginning of hydropathy in the treatment of typhoid. The following is the method and is to be used whenever the temperature rises above 102.2° Fahrenheit.

A large bath-tub, movable on rollers, is kept half full of water of 65° to 70° Fahrenheit, and is rolled to the edge of the bed when needed. The patient's clothes are removed, and he is covered with a sheet or arrayed in a thin muslin or linen garment specially adapted for the purpose. He is then carefully assisted from the bed to the edge of the tub, and if unable of

himself, is lifted bodily into the water by the attendants. If it seems advisable a small amount of stimulant is given. Some cold water is poured over his head as he gets into the bath in order to diminish the shock, and he is then submerged in the water up to his neck. During the whole period of immersion, fifteen or twenty minutes, he should be briskly rubbed through the covering and cold water poured on his head at intervals. This friction and affusion, together with a second dose of stimulant, aids greatly to prevent or check the tendency to chill and cyanosis which otherwise develops at the end of about ten minutes. After the bath the wet linen is quickly removed, and the patient is placed in bed, wrapped in a sheet and covered with a blanket without friction or any drying of the skin. A stimulant can be given after the bath, and the temperature, preferably in the rectum, should be taken.

Brand's last statistics are remarkable. He tabulated 1,223 cases treated by him according to his method; only twelve deaths occurred.

The Brand method has been widely used in Germany for some years. In France it has not found general acceptance. In England the method has not yet been largely adopted. Hare of Australia, reports 797 cases with a mortality of 7 per cent. In America the results of the treatment have been encouraging.

Not only are such complications as pneumonia, bronchitis, not induced by cold baths, but it has been shown that their existence does not contra-indicate this mode of treatment. Pregnancy likewise is no contra-indication. There are difficulties in the way of applying the Brand method in private practice, as it is necessary to carry it out in detail if attempted at all. It is not so successful, as Brand himself admits, if not put in operation early in the case.

In addition to the external use of cold water we have other antipyretic remedies to be used with caution. Antipyrine, phenacetine, and acetanilid are the most powerful and reliable drugs of this class. Not only do they reduce fever temperature remarkably, but they are usually well borne by the stomach and often exert a decidedly tranquilizing action. Upon their first introduction, the natural mistake was made in giving them in too

large and too frequent doses. The question as to their use arises when the temperature reaches or passes 103° Fahrenheit. If hydropathy is to be used systematically, only occasional doses, if any, of these powerful antipyretics will be required. The amount given should always be small. Five grains of antipyrine and less of phenacetine or acetanilid is as large a dose as should be given. If no effect is produced it may be repeated in an hour. It is enough if the reduction of one or one and a half degrees of temperature is secured.

The results of keeping the fever temperature continually low have not proven satisfactory.

The use of quinine in typhoid fever has been excessive, and yet it is of service in many cases as a tonic rather than an antipyretic. A preparation of salicylic acid will often exert a powerful antipyretic action. In moderate fever of mild cases aconite in small doses may be given safely and with pleasant effect. The value of digitalis in typhoid fever is doubtful. The only indications for its use are to be found in the heart's action and in the pulse.

Having now considered the general care of the patient, his diet, the indications for the use of stimulants and for the control of the fever, we have met the questions which arise in every case of typhoid fever. It constantly happens, however, that special indications present themselves which call for additional medication. It cannot be too strongly urged that no single dose of medicine should be ordered unless with a definite and well-recognized purpose.

The catarrhal and ulcerative lesions of the gastro-intestinal mucous membrane are constant in greater or less degree. For this nitrate of silver is preferred to all other remedies. It is administered in conjunction with appropriate antipyretic treatment. If the stomach is irritable the following solution may be used:

℞ Argenti nitratis. . . . . gr. ij.
Aquæ distillat . . . . . ʒ iij. vel. iv.
M. Ft. Sol.

Sig. A teaspoonful on an empty stomach every four or six hours. One or two drops of deodorized tincture of opium may be added to each dose.

The mineral acids, muriatic, nitrotmuriatic, sulphurous, and

phosphoric, are all valuable both for surface action and for antiseptics.

Turpentine is of unquestionable value in certain cases. The indications calling for its use are, a dry, brown tongue with tendency to sordes; abdominal distension without much diarrhœa; considerable bronchial; catarrh and cardiac and muscular weakness. Turpentine may be used according to this formula.

℞ Ol. terebinthinae. . . . . ʒ. iij.
Pulv. acaciae.
Sacchari . . . . . aa. q. s.
Sp. lavandulae comp. . . . . ʒ. iij.
Aquae . . . . . q. s. ad. ʒ. vj.

Sig. One or two teaspoonfuls in a little water every two or three hours.

If the stomach is irritable it is well to reduce the dose of turpentine, and to add to each dose one or two drops of deodorized laudanum.

In the treatment of special symptoms and complications of typhoid fever, headache is best managed by strict quiet and darkening of room. Cold may be applied to the head, or menthol, etc., may be used locally. If these fail potassium bromide may afford relief, or small doses of antipyrine (gr. v.)

Insomnia sometimes demands active treatment to avoid nervous exhaustion. Codia (gr. ¼ to ½), sulphonal (gr. x or xv), potassium bromide (gr. xv.) with chloral hydrate (gr. vj.) are all useful.

Delirium and somnolence are best treated by hydropathy already described.

Patients with typhoid fever always require close watching, but when delirious they must not be left a minute.

Vomiting at the outset of the disease should be treated by withholding food and medicine, soon fractional doses of calomel, alone or combined with bismuth. When vomiting occurs later it generally shows that the food or medicine disagrees. The milk should at once be reduced in amount and combined with lime-water, or temporarily suspended and small amounts of dry champagne, liquid peptonoids or light broths be administered.

Diarrhœa is a symptom which frequently demands attention. The pills of nitrate of silver with opium are very efficient in controlling it. Again constipation may demand treatment. Oc-

casional short courses of small doses of calomel may be required, but, on the whole, small enemata are to be preferred as laxatives.

Tympanites, abdominal pain, peritonitis, intestinal hemorrhage, epistaxis, heart failure, are all dangerous, and common complications to be carefully guarded against.

Bed-sores are to be avoided by keeping the surface clean and dry.

During convalescence no solid food should be allowed—no matter how the patient may clamor for it—until the fever has disappeared for at least ten days. Continued rest is of prime importance. Excitement of every kind must be avoided. Tonics and stimulants are often, in fact, generally helpful. A change of air is highly recommended.

FUNCTIONS AND DISEASES OF THE ANTRUM.

By C. O. Ralston, M. D., Friendship, O.

This curious cavity is located in the body of the upper maxilla. There are several theories in regard to its real function. Some claim it is to make the bones of the face a little lighter; others, that it is a sounding apparatus, as it were, to give pitch to the voice; and still others claim it is for a more extensive distribution of the olfactory nerve, to aid the sense of smell. This curious cavity has but one aperture. This leads to the nose and is large enough to admit a small probe. Sometimes the roots of the teeth puncture the floor of the antrum. Normally, the apices of the roots of the teeth are separated from the floor of the antrum by the thin layer of bone, periosteum and mucous membrane. This is the rule, but not infrequently the root of some particular tooth may be found extending into the cavity covered only by mucous membrane. It will be readily seen how caries or ulceration of the roots of such teeth would be coincident with an antral abscess. The case to which I wish to call your attention, is one that I met not long since. A lady came to my office one cold day to have a tooth extracted. While warming, she was describing to me the agony she had been suffering the last four or five weeks with a certain tooth. She complained of a constant fullness and pain

under her eye, with an incessant soreness of the eye, with more or less obstruction of the nasal passage of that side, and an occasional tingling and burning sensation in the roof of her mouth. On removing the second molar tooth, which was very sore and sensitive, I found its root ulcerated. It bled quite freely with a small amount of pus flowing away. After the bleeding she spoke of the cavity being filled so quickly with clotted blood. On examination I found it filled with coagulated blood and pus which was very adhesive. I removed it with a small pair of pincers and introduced a probe through the cavity into the antrum. Its floor being formed of mucous membrane only, a small quantity of pus came away. Then I washed out the antrum with a solution of "peroxide of hydrogen," and after the first day I used a dilute solution of borate of soda in warm water for five successive days. Then I saw the patient no more, and all was well so far as I was able to ascertain.

WHO WILL ANSWER?—KNOTTY QUESTIONS ASKED BY

S. H. Britton, A. B. M. D., Adelaide, Ohio.

There is a way that a consensus of opinion on medical subjects can be obtained. It is really from the individual clinical experiences of the body of the profession, that it is obtained. We do not wait as a rule to hear from everybody, nor from every country, but accept a preponderance of opinions, as such. The medical journals that contain plenty of opinions based on clinical experience, are quite important to the statistical doctor from whom we learn the per cent. of recoveries of consumption (for instance), when some certain drug was used. Here then is a consensus of opinion.

Then let every doctor tell what he knows or wants to know—that is not known, but is worth knowing. No good thing will be rejected by the editor of a medical journal.

A celebrated Philadelphia M. D. told me a year or two ago, that dialized iron was inert. In my humble opinion it is very prompt and efficient in doses of ʒss. every four or five hours. What say you, Brother?

Who can cite me to some literature on internal use of coal oil? It has an extensive domestic use in this country for cramps—it is said to be efficient.

I should like to know the prevalent opinion as to the comparative value of Maltine and Pabst's Malt Extract (of World's Fair renown). Don't all speak at once—maybe you'll hurt somebody's feelings.

I saw a case of chronic localized rheumatism (in ankles) with no swelling nor crepitation ? of joints, that was quite distressing and rebellious, so far as remedies were concerned. I put the patient on liquid diet for two weeks, artificial sweat once a week, and small doses of mild chloride of Mercury and Syrup Trifolium, P. D. & Co.'s. Some one please suggest. I have not heard from above.

Do the parotid glands ever swell in connection with a severe tonsillitis, like the cervical do? Can there be a non-specific swelling of parotids (or a parotid) with acute tonsillitis without swelling of cervical glands?

What would we call a case if it were plainly tonsillitis with sympathetic, non-specific swelling of parotids, and the family had diagnosed mumps by the "pickle test?"

ELECTRICITY VS. BACILLI.

A SUGGESTION FROM A CORRESPONDENT.

Editor JOURNAL:—I see in almost every medical paper that I read, opinions on the germ theory of disease. I have been amused not a little at some of the very ridiculous ideas promulgated by many writers, We are now at the high tide of bacteriology; as the saying goes "every dog has his day!" Bacteriology is having its day now.

This germ theory has bad tendencies and it has some good ones. For instance, a writer at Gallipolis, O., where the epileptic hospital is situated, suggested to the managers of the construction of waterworks there, that their receiving pipe would receive water that was contaminated by the sewer from the hospital. That as all diseases were due to germs, and that the hospital had

a bacteriologist in their employ to discover the microbe of epilepsy; if there should be such a thing, that all persons at Gallipolis using hydrant water would be attacked by epilepsy. In the way of credit to the medical profession, I will say that the writer was not a medical man. I think it has been abundantly proven that we have diseases that are due to the reception of these living organisims into our systems. Typhoid fever, I think is a disease that is admitted by all to be of this class. Not like many others, we have a means of pretty easily destroying the bacillus of this disease by boiling water that contains them, but where the whole water supply of a large city contains these bacilli in abundance it does not come handy at all times to boil the water. So it would seem that there ought to be some more sure and feasible means of destroying this bacillus. All the different antiseptics have been used to destroy those excreted from the body, some are said to be sure, others not so sure. Now as electricity has of late been put to so many uses, I will ask, has any one ever tried the effect of electricity upon these different microbes? It does seem that a thing that will so quickly destroy animals and man would surely destroy these little bacilli. If they could be destroyed by even a very strong current of electricity it could be utilized in destroying them in the current of water as it enters the reservoir. I would think the same electricity that would destroy these little enemies to man could at the same time propel a street-car.

Hoping that this letter has not worried the patience of the editor, and also hoping that the antitoxin business may enhance the price of horses, give employment to a great many medical men, and also hoping that physicians who think themselves and their patients justified in using foreign remedies may not lose their present confidence and thereby help to contribute to the support of our great and glorious country by paying the large duties imposed on these cheap coal-tar products, etc., that are no better, or as good as those of home manufacture, wishing the JOURNAL success, I am Respectfully,

Kyger, Ohio, March 20th, 1895. R.

ABORTION OF ABSCESSES BY INJECTIONS OF KRETOL.

By T. J. McGillicuddy, M. D., New York City.

I have lately tried kretol injected into the tissues as a means of aborting threatened abscesses, with astonishingly good results. The needle was inserted as deep as possible and a fifteen per cent emulsion of kretol injected; this was repeated at intervals of six hours and in some cases ths formation of the abscess was checked, and no more trouble occurred. In every case it was productive of the most marked benefit, materially lessening the severity of the inflammation.

In abscesses which were not seen until an incision was absolutely necessary this was made, the cavity washed out with a ten per cent. emulsion, and a dressing of the same was kept constantly applied. Healthy action was at once promoted in every case and very rapid healing ensued.

This preparation is not nearly so widely known or appreciated as it deserves. I believe that for an antiseptic dressing to wounds of all kinds, ulcers, etc., it has no equal.

HEROIC TREATMENT OF HERNIA.

By I. Crain, M. D., Beechwood, Ills.

Some years ago an athletic young man, who had worn a truss, for inguinal hernia, was dancing at a Fourth of July celebration, and found himself unable to reduce a painful tumor as had been his custom. Retiring to a neighbor's house and calling a physician, some twelve hours were spent in vain efforts in the same direction. About three o'clock in the night I found the fellow in a hot up-stairs room, almost burning up from natural full-habit, excessive heat, and excitement, with an unreduced hernial tumor, of the size of two fists.

To get him out to the pump with his heels up hill and a stream of cold water from a pitcher pouring directly on the swelling was quicker done than it takes to write it. To get a rope round his feet and three strong men pulling his heels up to a

peach tree limb until his shoulders only, touched the ground, quickly followed. The constricting effect of the cold water, gravity and a little taxis, soon put him in shape to receive a truss, and to start home, a wiser, if not a better man.

Last fall an old man working in the field, when quite overcome by indisposition, and unusual labor, found to his dismay, pain and heat at the seat of an inguinal hernia, which he had learned to press back at pleasure, and to regard as only an inconvenience. On reaching his house and resorting to the usual means of reduction he utterly failed. He lost little time however, in sending up to my house, and as soon as I could get him fully under the influence of chloroform, his heels elevated, cold clothes over the swelling, with gentle taxis, the cheerful announcement could be made—*ready for a truss.*

These instances are recited to direct attention strongly to gravitation, chloroform and cold as factors not to be overlooked.

DANGEROUS COSTUMES AND CUSTOMS.

By Amanda L. Shelton, M. D., Bloomfield, Iowa.

We see the short dress of small and large children every day on our streets. We see them with thin or short stockings, exposing more or less naked legs, in the coldest weather; producing cold feet, thereby preventing a free circulation in the lower extremities and causing a constant and unnatural pressure of blood on the brain, and especially in these "grippie times," pneumonia and death. Multitudes of children by this exposure are stricken down to die from disease of the lungs. What an awful responsibility rests upon those mothers for thus subjecting their innocent and helpless little ones to such dangerous exposure. I will mention another pernicious fashion: the low-cut dress of girls. It is no uncommon thing to see exposed to the inclemency of the weather, naked arms, shoulders, and upper part of the chest, thus checking a free circulation of blood to the upper extremities, and producing a congested state of blood in the upper portion of the lungs, may be already laboring under influenza. Great numbers in this way have been brought to an untimely grave

since the "grippie" days set in. The modern fashion of wearing small bonnets, stuck on the back of the head, exposed to all sudden changes of the weather, is a fad incomprehensable, and is productive of much mischief, as is seen every day, in the ear, nose and throat. Such is the delicacy and sensitiveness of this portion of the body of the female system that it cannot bear exposure of this kind with impunity. As a consequence, we have many cases of disease of the ear, nose, nervous headache, sore eyes, dysmenorrhœa at puberty, and many other diseases brought on from such indiscrete exposure. Plato said: "Light is the shadow of the Deity, and truth his soul." The old adage; "An ounce of prevention is worth a pound of cure."

THE OBSTETRIC BAG.

Dr. Hirst writing in the *Medical World* says the obstetric bag of every physician should contain

1. Soap and nail brush.
2. Simpson forceps.
3. Hypodermic syringe.
4. Absorbent cotton.
5. Iodoform gauze.
6. Aseptic ligatures for cord.
7. Bi-chloride tablets.
8. Carbolized vaseline.
9. Small faradic battery.
10. Kit of needles, sutures and needle holders for torn perineum.
11. The ergot and other drugs commonly carried.

The argument that a young physician should not carry forceps, for fear he be tempted to use them unnecessarily, does not at all balance the fact that, in sudden eclampsia due to undiscovered kidney disease, one life and perhaps two will surely be the price of the failure to deliver promptly in a few moments, and this is only possible by the aid of forceps.

The battery is small and light and will resuscitate infants that nothing else will move.

The carbolized vaseline is better than the grandmother's lard, and may save the doctor specific infection.

The Iodoform gauze, if placed in an obstinately relaxed uterus, will surely stop at once all hemorrhage.

Prescriptions.

CATARRHAL GASTRITIS.—A purgative every morning as:

℞. Sodii phosphat . . . . . ounces j.
Syr. limonis . . . . . ounces iss.
Aqua . . . . . ounces vj. M.

Milk diet; acidulated and effervescent drinks.

DURING CONVALESCENCE.

R. Tr. gentian.
Tr. calumbæ.
Tr. badiane.
Tr. nux vom. . . . . aa drachms 1¼.

M. Sig.—Ten drops before each meal. —*Le Progres Med.*

[Badiane is a name given to illicium anisatum, star-anise, the properties of which are similar to those of anisum or anise.—Ed. *Med. Bulletin.*]

GASTRALGIA.

R. Bromide of strontium . . . . . drachms v.
Syrup of valerian . . . . . ounces iss.
Syrup of orange peel . . . . . onnces iij.
Water . . . . . ounces iij.

M. Sig.—Tablespoonful three times a day. —*La Tribune Med.*

Dr. F. Fest, Blanchard, Mich., recommends in renal diseases, especially in dropsy, very warmly the following formula:

℞. Diuretini . . . . . grains cx.
Aquæ menthæ pip . . . . . ounces ii.
Spirit gallici . . . . . ounce j
Eucalyptoli (Sander & Sons . . . . . gtt. xxv.

M, Sig.—To be taken during 24 hours.

ACNE.

℞. Tinct. hamamelis . . . . . drachms 1¼.
Alcoholic aconite root . . . . . drachms j.
Tinct. nux vomica . . . . . minims 90.
Tinct. gentian.
Tinct. badiana.
Tinct. rhubarb . . . . . aa drachms j.

M. Sig.—Twenty drops before meals.

He makes use of the same preparation in case of eczema and a varicose condition of the blood vessels of the face.—*La Riforma Med.*

RESORCIN FOR WHOOPING COUGH.—Dr. Estape claims that the best treatment for whooping cough known to the present time is that based on the local application of a 10 per cent. solution of resorcin. He generally uses the following formula:

℞. Resorcin (chemically pure) . . . . . grammes ij.
Ethylic alcohol . . . . . grammes v.
Pure glycerine . . . . . grammes xv.

M. Pencil the pharynx and larynx every three hours.

AN ALL-ROUND TONIC.—In cases of general debility, characterized by loss of sleep, dimness of vision and all that train of ills dependent upon the broken-down state of health, the following combination has been prescribed.

Syrup of hydriodic acid	6 ounces.
Mercuric chloride	½ gr.
Fowler's solution of arsenic	2 drachms.

Of such a mixture a teaspoonful in water is to be taken thrice daily. It is said to also be good in cases of bronchitis requiring constitutional treatment, while at the same time acting as a vehicle for specific medication.—*Ex.*

A RHUBARB DRAUGHT.—As an aperient and stomachic this is taken at bedtime.

Powdered rhubarb	30 grs.
Sodium bicarbonate	20 grs.
Syrup of ginger	1 dr.
Orange flower water q.s. to make 1½ ounces,	—*Ex.*

SNEEZING is averted by pressing the upper lip, which deadens the impression made on one of the branches of the fifth nerve, sneezing being a reflex action excited by a slight impression on that nerve. Sneezing does not take place when the fifth nerve is paralyzed, even though the sense of smell is retained.

AN ALKALINE CHALYBEATE TONIC.—In cases which indicate a medicine of this nature the following has been recommended:

Ammonium carbonate	3 grs.
Iron tartrate	5 grs.
Syrup of ginger	1 ounce.
Infusion of cascarilla q.s. to make 1 pint.	

Dose—One ounce in water two or three times a day. —*Ez.*

CALCIUM IODIDE FOR CROUP.—Calcium iodide, in doses of ¼ to ½ grain every 15 to 30 minutes, until the urgent symptoms abate, has been recommended for croup. When the trouble is under control the intervals between doses may be lengthened to an hour.—*Ex.*

CHRONIC RHINITIS AND PHARYNGITIS.—Dr. Dunlap claims to have obtained excellent results in cases of chronic inflammation of the nose and throat from the application of the following, by means of an atomizer:

Oil of cinnamon	20 drops
Eucalyptol	3 drs.
Oil of gaultheria	30 drops.
Menthol	20 grs.
Liquid petrolatum	3 ounces. —*Ex.*

Toilet Hints.—All the lotions and creams in all the beautiful establishments in this country will not give an unhealthy woman a good complexion. Her digestion must be good, her blood must be well nourished and her skin must be absolutely clean if she wants to be attractive. That means a sensible diet, plenty of exercise to aid digestion, plenty of fresh air to refresh the blood in the lungs and full bath a day to keep the skin clean. The kitchen and the gymnasium are more important than the toilet table in developing good looks, and the bath-room is most important of all.

It is as bad for the hair to brush it with a soiled brush as it would be for the skin to use soiled towels upon it. The hair should be cleaned once a week in water and amonia. If it is dried quickly before the fire it will not lose the stiffness which is the main requisite of a good hairbrush.

The hair will dry much more quickly after it has been washed if rubbed with warm towels than with merely dry ones. As fast as one becomes damp it should be thrown aside, and a fresh, dry, warm one taken. When the hair is moderately dry after this, it should be brushed quite dry with warm brushes. This method imparts a lustre to the hair which nothing else gives.

Anyone who walks a great deal or who is troubled with perspiring feet should rub them after the morning bath with alcohol. This keeps them dry without clogging the pores as powder does. It is also cleansing and delightfully refreshing.

Proper Breathing.—Are you short breathed, gaspy of utterance? When you try to inhale deeply do you lift shoulders and chest and contract the abdominal muscles?

Then you do not know how to breathe properly. What is proper breathing? How to breathe is a greatly disputed subject among the teachers, speakers and singers. If one closely observes the breathing of hearty, unrestricted children, one can quickly determine what is normal breathing. The principles action of a child's breathing is in the lower part of the torso, the abdominal muscles rising and falling with every breath. This is the normal breath of men and animals. There are certain abnormal conditions under which there is no action in the abdominal muscles.

There are various exeicises to teach the right habit of breathing. If respiratory exercises begin with exhalation instead of inhalation, good results will quickly follow. Breathing exercises are also of great value in quieting the nervous system, particularly when the breathing is lower and fuller than is normal. Here is the first exercise:

Lying prone upon the back, place one hand upon the chest, the other upon the abdomen, forward of the hip joints; slowly and audibly exhale the breath, then close the lips and let the air flow into the lungs through the nostrils. Keep the chest quiet during the exercise, and when complete control of the chest is gained take this exercise in a sitting, then standing, position.

Clinical Reports.

THREE CASES OF APPENDICITIS.

By Jas. S. Chenoweth, M. D., Louisville, Ky.
Demonstrator of Surgery in the University of Louisville; Secretary of the Louisville Surgical Society, etc.

[The Louisville Surgical Society. Stenographically reported by C. C. Mapes.]

While the subject of appendicitis has been worn rather threadbare, and many cases have been reported to the society recently, there are a few points I wish to emphasize in reporting three cases that I have operated upon within the last few weeks: viz: *The relation of symptoms before the operation to the position and condition of the appendix, and the probable result without operation in these cases, judging from conditions found.*

Case 1. Patient, male, æt. fourteen years, had had three attacks of appendicitis. I saw him in all three. In the first attack he was taken with severe pain, and I saw him an hour afterward giving him a dose of calomel followed by salines. The symptoms were rather obscure and pain ceased as soon as the bowels moved freely. I was in doubt as to whether it was a case of appendicitis or ordinary colic. In the second attack, he was out of town when taken with violent pain referred to the region of umbilicus, and was sick for three days; the temperature went up to 101° Fahrenheit with pain of such severity as to require two or three doses of an opiate. He became quiet, the bowels moved and all symptoms subsided, except a soreness in the right side. The next week he came to the city, and in an examination of the abdomen I could very distinctly feel an enlargement of the appendix lying far out toward the spine of the ileum, parallel with Pouparts ligament. I then told the family that I was certain the trouble was appendicitis, and that he would probably have another attack. Five months passed.

About five weeks ago I was called late one evening to see the patient, the message given me being that he had been taken suddenly sick with about the same symptoms as before. I found him suffering intense pain and vomiting, gave ⅛ gr. morphine.

He was not a very good subject for operation, being very nervous and rheumatic; he was also the subject of asthmatic attacks. In view of this, and considering the fact that he had suffered with two previous attacks of the same trouble, I felt justified in taking the chances of waiting awhile. At the end of twenty four hours the bowels moved three times; pain continued and was not relieved by the movement of the bowels. The tenderness increased, so I felt that every moment I waited I was running a chance of losing the patient. Operation was performed twenty-four hours after the beginning of serious symptoms. The abdomen was not distended and I could feel the thickened appendix distinctly. An incision two inches long was made directly over the enlargement, and as soon as I incised the peritoneum the appendix popped up out of the wound. It was distended to about the size of my finger, almost black from pressure inside, and looked as if it was necrosed down to its base. After it was opened and the pressure relieved, that peculiar appearance was not so perceptible. The walls of the appendix were very thin from distension. There were no adhesions and a rupture of the appendix would have allowed the contents to go directly into the general cavity. The cæcum was brought up into the external wound and the appendix carefully tied off with a double ligature. The external wound was sutured in the usual manner, and a small strip of gauze passed down into the cavity for safety. The stitches were taken out on the seventh day, and as far as the abdominal wound was concerned the patient never had any trouble. He was perfectly well at the end of a week. On the eighth day he developed another rheumatic attack, which materially prolonged convalescence.

Case 2. The second case is interesting on account of the fact that it had been diagnosed on two occasions as obstruction of the bowels. All the symptoms were those of obstruction, and the pain was located in the left side of the abdomen and above the umbilicus. It is the only case of appendicitis that I have ever seen where the pain was referred to this region. The patient was a gentleman thirty-two years of age, who had never had any trouble of this sort until five months ago, when he was taken sick

with all the symptoms of obstruction of the bowels—vomiting, pain in the left side of abdomen above the umbilicus. After he had been sick with these symptoms for about two or three days Dr. Cartledge was called in the country to see him. By the time he arrived the patient's bowels had moved very copiously four or five times, and all symptoms seemed to be relieved. Nothing therefore was done. He apparently recovered from this attack, except for a little soreness in the side, which was particularly noticeable when he would attempt to lift anything or stoop over. He went on in about this way for a period of four months, when he was again taken with about the same symptoms as before. I saw him on the third day of this attack. The bowels had then moved twice, but as he expressed it, he did not feel any relief from the movement of the bowels as he had done in the previous attack. Pain in the abdomen continued although the bowels had moved freely, and his expression was very bad. His temperature was slightly above the normal, pulse 85. This patient lived twelve miles in the country, and I felt that the best thing to do was to operate upon him at once, as dangerous complications might arise at any moment and death take place before a surgeon could be called. Further observation found the abdomen very much distended, he was still vomiting some, with severe pain referred, as I have already indicated, to the left and above the umbilicus. In palpating over the usual site of the appendix he would complain of pain on the opposite side. The abdominal muscles of the right side were very rigid. I told the family doctor that we would probably find the appendix lying across the abdomen, and that was one reason why I urged operation. I thought if I were right in my opinion that the appendix was lying across the abdomen, if rupture took place the condition would likely be much more serious. I made an incision fully five inches in length, on the right side and when I first explored the cavity could feel nothing unusual. Carrying my finger over toward the center of the abdomen following the edge of the cæcum, I located the appendix lying deep and crosswise of the abdomen. Lifting the appendix up and drawing it into the external wound I found it was firmly adherent to the ileum. It was evidently this attachment to the ileum and consequent interfer-

ence which caused the obstruction of the bowel. By examining the specimen which I exhibit you will see a little square surface on the appendix showing where it was adherent to the ileum. We observed a spot on the ileum, corresponding to the one that can now be seen on the appendix, showing where it was detached. The appendix is greatly inflamed, and about one inch from its distal end shows a perforation. It contained probably not over fifteen to twenty drops of pus. The cavity was thoroughly dried, a strip of gauze carried down from the lower angle of the wound, and the abdomen closed. A great deal of difficulty was experienced in closing the external abdominal wound, owing to the great distension and the length of the incision. The bowels moved on the next day, but as this did not relieve tension the stitches had to be removed. On the seventh day peritoneal union was complete throughout the length of the incision, and the external wound was healing by granulation. The patient is making an easy convalescence.

Case 3. The third case was one operated upon by Dr. Cartledge and myself, and I had charge afterward. In this case diagnosis had also been made of intestinal obstruction, and it is interesting because of that feature. Nearly all the symptoms were those of obstruction, with a distinct mass on the right side in the region of the appendix. We saw the patient on the sixth day. The pulse was 130; the patient was in a cold sweat, and in a very bad condition generally. The temperature had dropped from 102° Fahrenheit to below normal, which, as the pulse had become accelerated, we regarded as a very bad symptom.

After consulting the family physician and the family, and giving a very doleful prognosis we decided to operate at once. Upon opening the abdomen a quantity of thin pus immediately poured out of the wound. This was thoroughly washed away, and carrying the finger down searching for the appendix, we evacuated a quantity of dark looking blood. It was a little puzzling at first to see just where this blood came from. After drying the cavity we found a cap of omentum over the appendix, and beneath that a large enterolith. This omentum had pulled loose from its attachment to the pelvic brim and caused the

bleeding. The appendix had ruptured in two places. The cap of omentum was as large as my hand, and together with the appendix was tied off. The protecting adhesions were very extensive, except where this rupture had taken place. We decided that it would not be wise to break up any further adhesions, although there were symptoms of obstruction of the bowel—the man had some fecal vomiting previously. Dr. Cartledge agreed with me that the man would stand a better chance of recovery by simply cleansing the cavity as thoroughly as possible without breaking up any more adhesions, putting in plenty of gauze for drainage, hoping to have no further infection. The man had delirium at the time of the operation from sepsis, and was partially delirious for forty-eight hours afterward; he wanted a drink of water and got out of bed a few hours after the operation; then during the night he saw a lemon on the table—and rolled out of bed to go after it. Notwithstanding all this the fellow made a very nice recovery; his bowels moved in seventy-two hours, vomiting subsided and much to our surprise he has perfectly recovered. The wound was packed open, no sutures being put in. In forty-eight hours the colon and ileum which had been displaced upwards by the abscess, settled down to the normal position, relieving the obstruction.

DISCUSSION.

Dr. Turner Anderson:—With reference to the question of appendicitis, which I think is one of great importance: I simply wish to state in this matter as I have previously remarked before this society, that I have perhaps had a queer personal experience in regard to appendicitis, and it is about this—that based upon my knowledge of this disease in late years, *the operation is justifiable only when it amounts to the opening of an abscess.* In the last three months I have seen four cases where a tumor presents itself in the right abdominal region, which I believe would have been operated upon had the cases been in the hands of other surgeons. These cases have been observed with a great deal of care; they have all terminated in resolution without operative procedure, just how I am not exactly prepared to say. They have not been operated upon, they have been relieved, they have gotten well. The future of this operation is simply going to mean that it is, as a rule, justifiable only when pus can be demonstrated by ordinary external evidences.

Dr. W. C. Dugan:—In regard to the question of appendicitis: Dr. Anderson's experience has certainly been very unique; we all know that he is sincere in his position. I know of others, however, who have had an entirely different experience, and I must beg to differ with him. As regards the symptoms of obstruction: You will find that some of the latest works give as a differential symptom between intestinal obstruction and appendicitis, fecal vomiting. I remember seeing a case in the extreme western part of the state where the doctors in charge brought that up as an argument against appendicitis, that the man had obstruction of the bowels. When

the abdomen was opened we found a little appendix about the size of the last phalanx of my thumb, with a twisted pedicle, which had ruptured. The twisted pedicle was undoubtedly the cause of the obstruction in this case, because after the appendix was tied off and removed, the man had two very large stools and an immediate cessation of the nausea and vomiting. He was so much enfeebled, however, by the prolonged trouble of one week's duration, that he died from exhaustion within the next forty-eight hours, notwithstanding the operation lasted but a very few minutes. He had fecal vomiting for four days prior to the operation.

One word in regard to the pain being referred to the left side and to other regions than the normal location of the appendix in appendicitis: I have seen many cases of this kind, and am rather inclined to differ with Dr. Chenoweth as to the cause. I think it is more than likely due to pressure upon the lumbar plexus than to the direction and position of the appendix. Morton, of Philadelphia, wrote a paper several years ago explaining the pain by the location of the appendix. He stated that if the appendix was lying across the abdomen, pain would be referred to the left side. I am quite sure that the pain is due to pressure upon the lumbar plexus nerves that it rests upon, rather than to the location of the appendix. I have had patients complain of pain in the testicle with retraction, which is due to the abscess pressing on the genito-crural nerve; for the same reason we find pain on the inside of thigh, in the hypogastric region. This is not always the case. In several cases my patients have had all the symptoms of cystitis, and on opening the cavity, the appendix was found attached to the bladder, which on being emptied would draw on the abscess, and cause pain and thus the patient cry out.

Dr. W. O. Roberts:—With respect to the cases of appendicitis reported: I must say that I am almost weaned over to the views expressed by Dr. Anderson. I have seen with him, I believe, most of the cases referred to by him to-night, which he says recovered by resolution, but in each of these cases I think pus was passed out per rectum. In all of them except one I was anxious to operate, because I was afraid rupture might take place into the the peritoneal cavity,—especially in one of them did I urge operation, but I was opposed, and, fortunately, they all went on to recovery.

Dr. H. Horace Grant:—With respect to the question of appendicitis: There can be no doubt that a great many patients die from inflammatory conditions about the appendix. There is no question in the world but the operation if done under favorable circumstances and at the proper time, is practically devoid of danger. The more I see of appendicitis, the more certain I am that a careful operation which invades the abdominal cavity and removes from it a diseased appendix, for instance, is practically without any danger, unless there be something in the abdomen which exists before the operation that menaces life. The more I see of it, the more convinced I am, that all of these viscera which are subject to pathological conditions inaccessible from the outside, should be made the subject of examination by the surgeon,—he should look at them by exploratory incision. Certainly we realize that we cannot tell with absolute accuracy the conditions existing within the abdominal cavity, yet we can always demonstrate pathological charges demanding operative interference, and since in the light of advanced surgical technique, abdominal section can be practiced with little or no danger to life, I believe it should be advised. Our observation of the truth of the advance in skill and in instruction, enables us to successfully combat diseases that eight or ten years ago were considered a menace to life, which at the present time in the hands of men who are competent to make diagnoses, or in the hands of those who are well prepared to combat them—men who by an examination of the external abdomen, or by a palpation of it, can tell more than the inexperienced after exploratory incision as regards the true condition of affairs—renders operation

comparatively simple, and practically devoid of danger. Still, we cannot deny the fact that any operation, no matter how simple, is not devoid of danger in the hands of inexperienced operators. Our present knowledge, however, brings us to a position of accuracy in abdominal surgery that can scarcely be understood without a careful review of the progress of surgery of the present day. It is unfortunate that any one, without a careful knowledge of what has been done in abdominal surgery, should hesitate to accept these advances; and if for any reason we are not inclined to agree with what has been clearly demonstrated by advanced surgeons as the proper thing, I think it is unfortunate that we should throw any objection or any obstacle in the way of those who are clear in their experience, and who have a record which bears them out in it.

Dr. A. M. Cartledge:—I am very glad to see that Dr. Anderson is finally coming over to the surgical side. This subject is one that has worried me a great deal, and my views have been continually changing as regards time for operative interference, etc. If I recollect correctly Dr. Anderson stated before a meeting of this society a year ago, *that he had never seen a case of appendicitis in which an operation would have been justifiable*, although in some cases there was a large mass in the region of the appendix. I am satisfied that he has been fortunate in not seeing pus cases. To-night he makes the statement that *operation should be confined to those cases where an abscess forms.* Almost the whole field is covered by that statement, as in almost all cases we have the formation of an abscess, and there can be no question as to the proper procedure. However, I wish to say that I am getting very much like Dr. Anderson, with a few exceptions. We must remember that we are now from a surgical standpoint about up to the standard height in this matter. If I had let some of my cases of appendicitis alone,—where they had ruptured without abscess giving rise to general septic peritonitis with no protecting adhesions,—if I had let these patients go on and die as they would have certainly done within thirty-six hours, without attempting to remove the necrotic appendices, my statistics would have been better, and my record also. It is well to confine ourselves to the pus cases, or operate before general septic peritonitis begins. But when we open the abdomen and find that the appendix is diseased, I can see no good reasons for leaving it; I think it should be removed just as we would remove a piece of diseased bone.

The surgeon and physician are gradually getting closer together in this matter, and I believe after a while Dr. Anderson will open the abscess and evacuate the pus in all his cases of appendicitis. His stand might be very seriously criticized from the report of cases here to-night: In one case the patient was in an extreme condition of sepsis from rupture of the appendix and infection of the general peritoneal cavity; in another there was a history of obstruction of the bowels with fecal vomiting for four days, yet it proved to be a case of appendicitis, and complete relief followed removal of the diseased structures; in still another case I saw the patient during the first attack, and did not think he had appendicitis, yet he went on and had four attacks afterward, and Dr. Chenoweth demonstrated a pathological condition of the appendix which demanded operation, and was followed by complete relief.

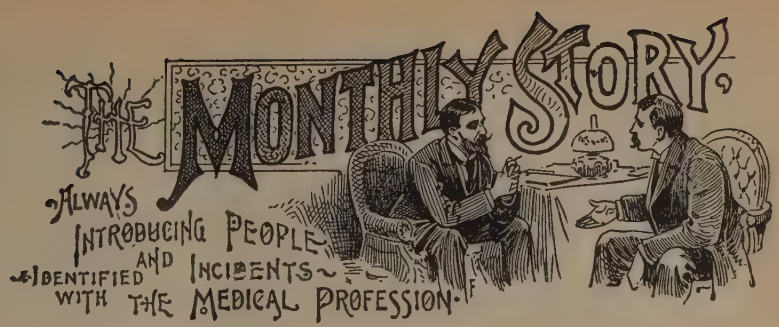
As to the treatment of these abscesses: I do not believe it is good surgery to leave an abscess without operation. Dr. Roberts says that he has seen several such abscesses break into the rectum. This is a feature that I observed long ago, and believe I was the first member of this society to assert that where the abscess broke, in about four out of five cases it was into the bowel. Even when this occurs I consider that the man is far from being well. I showed a patient not long ago before a meeting of one of the other medical societies whom I had treated eight years ago for appendicitis, when I did not operate as extensively for this disease as I do now. He has never gotten entirely well; an abscess broke into the bowel as evinced by the

discharge of large quantities of pus per rectum; he is what we might call an invalid, and it is probable that I shall now after eight years have elapsed, have to remove the appendix or what remains of it and close the perforation in the bowel.

Dr. Turner Anderson:—Do you not think in all cases where an abscess forms and is discharged into the bowel, that the appendix sloughs away and is discharged with the pus?

Dr. A. M. Cartledge:—Not as a rule. Sometimes perforation takes place close to the base of the appendix. When this occurs the appendix may be found in the abscess cavity; but generally perforation occurs at about the junction of the distal with the middle third. In such cases the blood supply would be sufficient to keep it alive. Undoubtedly the pathology in nearly all cases is a constriction or stenosis at some part of the appendix, cutting off the blood supply to the distal two thirds of the appendix.

Dr. Jas. Chenoweth:—In regard to the recovery of cases of appendicitis without operation: In the three cases I reported the patients had had altogether eight or nine attacks of appendicitis, they were treated by different physicians, and might have been recorded as six recoveries at least without operation, yet all three cases finally had to be operated upon. I operated upon a case a month ago where a man had eight attacks of appendicitis, during which he was attended by as many different doctors, each recording the case as a recovery without operative measures. In the ninth attack I was called and operated, evacuating an enormous abscess. The man made a good recovery. All these facts should be taken into consideration in arriving at the mortality by operative and non-operative treatment. It is my opinion that while many of these cases apparently recover from an attack of appendicitis without operation, the first attack will be followed by others and the patient may eventually die of the disease unless operated upon. The question as to when we shall operate is one of great importance and difficult to decide, owing to the difference in severity of the symptoms manifested. In case of the boy æt. fourteen years reported to-night, there had been two attacks, and I operated twenty-four hours after the onset of the third finding the appendix on the verge of rupture and there were absolutely no adhesions at all. I believe nothing could have prevented fatal peritonitis if operation had been delayed a few hours longer. I recently saw two cases in one week which illustrated this point very plainly; one of the cases was reported to this society. An operation was performed within five hours from the first symptoms, and I found a twisted necrosed appendix. The man made a prompt recovery. The other case was a man æt. twenty years, who had when I was called, violent pain in the right side, vomiting, cold clammy sweat, pinched expression, pulse 130 and every evidence of rupture of the appendix. I believed he had a ruptured appendix, and would die within a few hours without operation. I advised operation which was refused; I then asked for consultation, they still would not consent to an operation and the patient died seventy-two hours afterward of general peritonitis. After twenty-four hours they wanted an operation performed, and we refused to do it. There are two cases very much alike in every way; one operated upon and saved, the other died without operation. I do not believe we ought to operate in all cases of appendicitis, and I advised against it in several cases recently, one in which a young lady twenty-three years of age had a large cavity in the left lung, and her condition was such that she could not withstand an abdominal operation. This was a case where I believed she stood a better chance of life without an operation than she would had a laparotomy been performed. We must always take into consideration the general condition of the patient on one hand, and the danger of rupture without adhesions, etc., on the other.



[A Story from the Diary of an English Doctor.]

CREATING A MIND.

By Clifford Halifax, M. D.

THE extraordinary story which I am about to tell happened a few years ago. I was staying for a short time in a village in Warwickshire, and was called up suddenly one evening to see the Squire of the place, who had met with a bad accident and was lying in an almost unconscious condition at his own house. The local doctor happened to be away, and my services were eagerly demanded. Under the circumstances, there was nothing for it but to comply. I stepped into the brougham sent for me to the village inn, and, after a short drive, found myself at Hartley Castle. It was an ancient castellated pile, and village gossip had already informed me that it had been the property of the Norreys family for hundreds of years. The night was bright and moonlight one in July, and as I drove down the straight avenue and passed under a deep archway into a courtyard, I caught my first distinct view of the house.

As soon as ever the carriage drew up at the front door an old servant in livery flung it open, and I saw in the background a lady waiting with some nervousness to receive me. She came forward at once, and held out her hand.

"Dr. Halifax, I presume?"

I bowed.

"I have heard of you," she said. "It is a lucky chance for us that brings you to Hartley just now. I am Miss Norreys. My father was thrown from his horse two hours ago. He seems to be very ill, and is unable to move. When he was first discovered lying in the avenue he was unconscious, but he is able to speak now, and knows what is going on—he seems, however, to be in great discomfort, in short,——" she broke off abruptly, and her thin, colourless face turned paler.

"Can I see the patient?" I interrupted.

"Oh, yes," she replied; "I will take you to him immediately—come this way, please."

I followed Miss Norreys up some shallow stairs, which led into the Squire's bed-room.

I found my patient stretched flat in the center of the bed. A manservant and an elderly woman, whom Miss Norreys addressed as Connor, were standing at a little distance.

One of the windows was thrown open for air, and the bed-curtains were flung back.

When I approached him, Squire Norreys fixed two rather fierce and strained black eyes upon my face—he was breathing with extreme difficulty, and it required but a brief glance to show me that he was suffering from injury to the spinal cord.

I bent over my patient to ask him a few questions. He replied to them in a perfectly rational manner, although his words came out slowly and with effort. He gave me a brief account of the accident, and said that his last conscious impression was falling somewhat heavily near the nape of the neck. When he recovered consciousness, he found himself lying in bed.

"What is the matter with me?" he asked, when he had finished making his brief statement.

"You are suffering from injury to the spinal cord," I answered. "I cannot tell yet what the extent of your injuries may be, but I hope they are not very serious, and that after a time your most uncomfortable symptoms will abate."

"I find it hard—to breathe," he said, with a gasp. Then he closed his eyes, being evidently too exhausted for further conversation.

Miss Norreys asked me to come with her into another room. I did so, and when there briefly described the case to her.

"My opinion is, that the paralysis will pass off before long," I said. "I do not think that any serious effusion of blood into the spinal cord has taken place. The brain, too, is absolutely clear, which is an excellent symptom. Of course, if the Squire is not better by to-morrow, I should like to consult a specialist—now there is nothing to be done but to apply the simple remedies which I have ordered, and to watch him."

"I will sit up," said Miss Norreys.

"You must do as you please, of course," I replied; "but as I am here it is scarcely necessary."

"I should prefer it, she answered.

I did not argue the point with her, and half an hour later took my place by my patient's bedside. Miss Norreys occupied an easy chair in a distant part of the room, and the old servant, Connor, sat within call in the dressing-room. The night passed without any special incident—the patient was restless and suffered much from thirst and want of breath. Towards morning he dropped off into an easy sleep—from this he awoke with a sudden sharp cry.

"Where am I?" he asked, in a husky whisper.

I bent over him instantly.

"In bed," I answered. 'You have had a fall and have hurt yourself—I am sitting with you."

"I remember now," he said; "you are a doctor, are you not?"

"Yes—my name is Halifax—I am taking care of you for the present; Dr. Richards, your family doctor, being away. Drink this, please, and lie still. You will soon, I trust, be much better."

I held a drink to the Squire's thirsty lips. He drained it off eagerly, then looked past me into the dark recesses of the room.

"Is that Orian in that chair?" he asked, a queer, startled quiver coming into his voice.

"No, father, it's me," replied Miss Norreys, alarm in her tone.

"I made a mistake," he answered. He closed his eyes giving vent as he did so to a heavy sigh. A moment or two later he fell into a natural sleep.

In the morning I thought him better, and told Miss Norreys so.

"I am convinced," I said, "that the injury is only slight, and that the symptoms of paralysis will diminish instead of increasing. There is no present necessity for calling in specialist, but I would

like your father's family physician, Dr. Richards, to be telegraphed for. He knows his constitution and, in any case, ought to be here to take charge of his patient."

"I will telegraph for him," said Miss Norreys; "but I hope, Dr. Halifax," she continued after a pause, "that you will not resign the care of my father for the present."

"I will remain with your father, with pleasure," I replied; "but it is only just to Dr. Richards to consult him, and I should like him to be telegraphed for."

Miss Norreys promised to see to this immediately; the telegram was sent off, and a reply reached us within an hour or two. The family doctor was laid up with a severe chill in a distant part of the country, and could not return to Hartley for another day at least.

"That settles the matter, then," said Miss Norreys, with a sigh of relief. She was a wiry-looking woman, with a nervous expression of face. Her age might have been forty; her hair was thin, her brow deeply furrowed. It was easy to guess that trouble had visited this poor lady, and that even now she lived under its shadow.

The special nature of that trouble I was quickly to learn.

As the day advanced Squire Norreys grew distinctly better. His upper limbs were still completely paralyzed, but his breathing was less laboured, and the expression of anxiety and apprehension on his face less marked. When the evening arrived I was able to give a good report of my patient to his daughter.

"I have every hope that your father will completely recover," I said. "The effusion of blood into the cord, which is the symptom most to be dreaded in such an accident, is slight, and is being quickly absorbed. Of course it will be necessary for a long time to keep the patient free from the slightest care or worry."

I paused here. Squire Norreys' face was not a placid one. There were fretful lines round the mouth, and many furrows surrounded the deeply set and piercing eyes I remembered, too, the name he had spoken suddenly in the night, and the tone of consternation in which his daughter had assured him of his mistake.

"Undue excitement, worry, indiscretion of any sort, would be bad for him now," I said, "and might easily lead to dangerous symptoms."

Miss Norreys, who had been looking at me fixedly while I was speaking, turned very pale. She was silent for a moment, then she said, with passion:—

"It is so easy for doctors to order a sort of paradise for their patients—it is so difficult on this earth to secure it for them. How can I guarantee that my father will not be worried? Nay——" she stopped—a flood of crimson swept over her face—"I know he will be worried. Worry, care, sorrow, are the lots of all. If worry, care, and sorrow are to cause dangerous symptoms, then he is a doomed man."

"I am sorry to hear you speak so," I replied. "Your words seem to point to some special trouble—can nothing be done to remove it?"

"Nothing," she answered, shutting up her lips tightly. She moved away as she spoke, and I returned to my patient.

The following night Squire Norreys and I again spent together. He was restless and there was a certain amount of fever. Soon after midnight, however, he quieted down and sank into a heavy slumber. About three in the morning, I was sitting, half dozing, by his bedside, when something made me start up wide awake. I saw that the Squire's eyes were open—a second glance showed me, however, that though the eyes were open, the man himself was still in the shadowy land of

dreams—he looked past me without seeing me—his eyes smiled, his strong under-lip shook.

"Is that you, Orian?" Come and kiss me, child—ah, that's right. You have been a long time away—kiss me again—I have missed you—yes, a good bit—yes, yes——" He closed his eyes, continuing his dream with satisfaction reflected all over his face.

Who was Orian? It was not difficult to guess that, whoever she was, she had something to do with the Squire's too evident distress of mind. In the morning, as my custom was, I resolved to take the bull by the horns. I should be in a better position to help my patient if I knew exactly what ailed him—I determined to speak openly to Miss Norreys.

"Your father is going on well," I said, "but his improvement would be even more marked if his mind were at rest."

"What do you mean?" she stammered.

"You gave me a hint yesterday," I said—"you hinted at something being wrong. In the night the Squire had a dream—he spoke in his dream with great passion and feeling to some one whom he called Orian—he seemed to find great relief in her presence. Is that your name?"

Miss Norreys was standing when I spoke to her—she now clutched hold of the back of the nearest chair to support herself.

"My name is Agnes," she replied. "I knew, I guessed," she continued—"I guessed, I hoped, that the old love was not dead. Did he speak to her, to Orian, as if he still loved her, Dr. Halifax?"

"Yes," I replied. "Who is she?"

"I will tell you—come into my boudoir."

She led me down a corridor and into a quaint little room furnished in old-fashioned style. Her movements were quick, her manner full of agitation. She hastily opened a davenport which stood against one of the walls, and took out a photograph in a velvet case.

"That is Orian's picture," she said, placing the photograph in my hand. "You will see for yourself that there is not much likeness between that young girl and me."

I looked at the photograph with interest. It represented a tall, finely-made girl. Her face was dark, her eyes brilliant—the expression of her face was full of fire and spirit—her lips were beautifully curved, and were just touched with the dawn of a radiant smile. A glance was sufficient to show me that her beauty was of remarkable and distinguished order.

"I will tell you Orian's story in as few words as I possibly can," said Miss Norreys. She sank down into a low chair as she spoke, and clasped her hands on her knees. I laid the photograph back on the table.

"We are step-sisters," she began. "Orian's mother died at her birth—she asked me to be a mother to her. I loved my step-mother, and the baby became like my own child. She grew up in this house as gay and bright and fresh as girl could be. From her earliest days, she was my father's special darling and idol. It would have been impossible anywhere to meet a more winsome, daring, fascinating creature. The Squire is kind at heart—yes, I will always maintain that; but he has a somewhat fierce and overbearing manner—at times also his temper is irritable. Most people show a little fear of the Squire. Orian never feared anybody, and her father least of all. She would go about the place hanging on his arm. She would sit on his knee in the evening; she would ride with him all over the property—those two were scarcely ever apart, and a look, a glance from Orian would soothe the old man in his most irritable moods. Her entrance

into the room was like a ray of sunshine to my father.

"We all felt her influence," continued Miss Norreys, with a heavy sigh; "her brightness made the old place gay; she was liked by young and old, rich and poor alike. Never was there a more warm-hearted, spirited, and brilliant girl. She could sing like a lark, and had also a considerable talent for art. My father would not allow her to go to school, but the best masters from Leamington used to come here to instruct her.

"Amongst them was a young man of the name of Seymour; he was an artist, and seemed to have talent above the average. He came here once a week to give Orian lessons, and he and she, in my company used to go out to sketch. I liked him and was interested in his future; he expected to do great things with his art by-and-by. Orian and I were both interested in his day-dreams. Although poor, he was quite a gentleman, and was good-looking and refined in appearance.

"When my sister was nearly eighteen, my father came to me one day in order to make a confidence. there was no male heir to inherit the estates, but the property was not entailed, and the Squire could leave it to whom he pleased. He knew that I inherited a considerable fortune from my mother, also that I had no wish for matrimony. My father told me on this occasion that he wished Orian to marry well and young, and that he intended her eldest son to take the name Norreys and be his heir. He further told me that he had fixed upon the man who was to be the child's husband—a Sir Hugo Price, whose property adjoins ours. Sir Hugo had fallen in love with Orian, and a day or two before this conversation had asked my father's permission to woo her and win her if he could.

"I was startled, and begged for longer time—my father, who never could brook the slightest opposition, became indignant, and firmly declared that the marriage should take place before the year was out. I thought Orian would settle matters by refusing to have anything to do with Sir Hugo Price, who was considerably her senior, and whom she never had shown the least partiality for. To my surprise, however, she made little or no opposition. She consented to be engaged to Sir Hugo, and the wedding was to take place immediately after her eighteenth birthday. The whole county was invited to Orian's wedding—no preparations were too great to do honour to such a bridal.

"The night before, however, quite late, the bride stole into my room; she flung her arms round my neck, kissed me, and burst into violent weeping. I guessed at once that she was in trouble, but she would not confide in me. I could do nothing but soothe and pet her, and after a time she wiped away her tears, kissed me again, and went away.

"The next morning you can imagine our consternation—the house was full of wedding guests, the bridegroom arrived in good time, but there was no bride for him to marry. My sister could not be found—she had left Hartley Castle, how and when no one seemed to know. I learned long afterwards that our old servant Connor was in the secret, but nothing would have induced her to breathe a word which might injure her darling. I can never tell you what that terrible day was like. The next morning a letter in Orian's handwriting arrived by post—it bore a London post-mark, and was addressed to my father. He read it standing by the hearth in this room. When he had finished it, he placed it in my hands, and said, abruptly:

"She has made her bed, and she

shall lie on it. I forbid you to mention your sister's name again to me, Agnes.'

"He left the room as he spoke; when he had gone I read the poor child's brief words. She was now, she said, the wife of Charles Seymour, the young artist who had given her drawing lessons the previous summer and to whom she had long been secretely and passionately attached. Nothing, she said, could bring her to marry Sir Hugo Price, but as she knew that her father would never consent to her engagement to Mr. Seymour, she was forced to take this cowardly way of securing her own happiness.

"'Yes," she said, in conclusion, "I know what I have done is cowardly, and I fear it will be a long time before you forgive me; still, I do not repent.'

"There was no address on poor Orian's letter. I offered to return it to my father—he took it from my hands with a great oath, and, tearing it in shreds, flung the pieces on the fire.

"'I forbid you to mention your sister's name to me,' he said, 'and what is more, I lay my commands on you never to write to her or to have any further dealings with her of any sort whatsoever—if you do, you can also go.'

"Of course I could not leave my father—he wanted me during these fearful days of suffering more than he had any idea of.

"A year after the marriage the birth of Orian's son was announced in the *Times*. My father was the first to see the announcement. He pointed it out to me with a trembling finger. He had aged greatly, during the year, and his temper, always irritable, was sometimes almost unbearable. He showed me the announcement of the child's birth now, and abruptly left the breakfast-table.

"That evening, however, to my great surprise, he came and spoke to me.

"'I never go back on my word,' he said. 'Orian is exactly to me as if she were dead. She gave me up, and I give her up, but there is no reason why her son should not inherit the property.'

"My heart gave a leap at the words.

"'What do you mean, father?" I asked.

"'What I say,' he replied. 'Orian has a son; he can take our name, he can be educated here—I can make him my heir, and he can inherit Hartley castle after me—that is, if he is in all respects presentable—strong in limb and sound in intellect. Write to your sister, Agnes, and tell her to send the child here for me to see when he is a year old—write to-night, do you hear me?'

"I promised gladly—that evening my letter was posted. I begged of my poor sister to consider the splendid prospect for her child, and to think well before she refused the Squire's offer. Her answer came back within a fortnight.

"'I was glad to hear from you again,' she said; 'your letter satisfied some of my heart hunger, but not all. Only a letter from my father himself could do that. I have called the boy Cyril, after my father—he is in every respect a noble child. I should like him to inherit the old place. If my father will allow me to bring him myself to Hartley Castle, when he is a year old, and if at the same time he will forgive me for having married the man whom I really love, my baby Cyril shall be his heir—if not, my husband and I would prefer to keep our boy to ourselves.'

"I showed this letter to the Squire, whose face turned crimson as he read it.

"'I never go back on my word,' he

said, 'tell her that from me. If the boy is presentable I'll have him, but I'll have nothing to do with her, or the miserable pauper whom she has married.'

"I was obliged to write to Orian to tell her that there was no chance of a reconciliation for her or her husband. She never answered my letter. Months went by; the boy's birthday passed without my sister making any sign. Then, one day, I had a short letter from Orian. It ran as follows:—

"'My husband is ill; I am in great anxiety. If my father still wishes to see little Cyril, I will send him to Hartley Castle when he is two years old.'

"I showed the letter to the Squire.

"'Aye tell her to send him,' he responded.

"'Won't you give her a kind word, father? She is in dreadful trouble,' I pleaded.

"'I will have nothing to do with her,' he answered; 'she is dead to me.' He turned on his heel as he spoke, slamming the door after him.

"I wrote to my sister, telling her to send the child as soon as she could. My father never mentioned him again, but I saw by the expression in his eyes and by the eager way in which he watched when the post arrived each morning, that in realty he was always thinking of the child. One day I saw the announcement of Charles Seymour's death in the *Times*. I rushed into my father's study, holding the open paper in my hands.

"'I know what you are going to tell me,' he exclaimed when he saw me. 'I looked at the *Times* before breakfast—the fellow's death is nothing to me.'

"'But Orian," I interrupted.

"'How often am I to tell you that she is dead to me?' he replied.

"I turned away. As I was leaving the room he called after me.

"'When do you expect that child to be sent here, Agnes?'

"'He was to have come after his second birthday" I answered, 'but it is scarcely likely that poor Orian will find herself able to part with him now.'

"My father stared at me when I said this; then whistling to one of his dogs, he walked out of the room. On the child's birthday a letter arrived from his mother. It contained a photograph of the boy and a few words.

"'I am sending baby's photograph,' she wrote. 'Perhaps my father will be able to judge by it whether the child is sufficiently presentable to inherit the property. At any rate, I cannot spare the boy himself for the present.'

"She made no allusion whatever to her husband's death. I took the photograph and letter to my father. He read the letter through and then scanned the photograph eagerly.

"'As far as I can see there is nothing amiss with the little chap,' he said; 'but you don't suppose, Agnes, I am such a fool as to choose my heir from a photograph. Tell your sister to send the boy here with his nurse —I will defray the expense. After I have seen him, his mother can have him back again if she fancies it, until he is five or six years of age. If I adopt him as my heir, I will give a suitable allowance for his maintenance. You can mention that when you write.'

"I took the photograph and letter away with me, and wrote as I was bidden. A reply came within a week.

"'I cannot fix any date for sending the child to Hartley Castle,' wrote my sister. 'As I said in my last letter, I do not wish to part with him at present. It is possible that I may send him in a few months for my father to see, but I do not make any definite promise.'

"That letter arrived about six months ago—the boy is now two and a half years of age, and we have not yet seen him. My father, I can see, lives in a constant state of fret and irritation. He often threatens to make his will, leaving the property to a distant relation, but for some unaccountable reason he never takes any active steps in the matter. You speak of this anxiety being bad for him—what can I possibly do to remove it?"

"I should recommend you to see Mrs. Seymour," I replied, "and to find out for yourself what is her real objection to sending the boy here. I am firmly convinced that at bottom your father still retains a real and deep affection for her. I have known characters like his before. Such men will rather die than allow their indomitable pride to be conquered. The presence of the child might work wonders, and for every reason he ought to be sent for immediately."

Miss Norreys stood up in great anxiety and indecision.

"If I only dared to do it," I heard her murmur under her breath.

She had scarcely said these words when a rustling noise in the passage caused Miss Norreys to turn her head quickly—a look of eager and startled expectation suddenly filled her eyes. The next instant the room door was flung hastily open, and the disturbed face of the old servant, Connor, appeared—she rushed into the room, exclaiming, in an agitated way:—

"Oh, Miss Norreys, I hope you'll forgive me—I never, never thought she'd be so mad and wilful. What is to be done, Miss? Oh, suppose the Squire finds out!"

Before Miss Norreys had time to utter a word a tall, gracefully made young woman, in deep widow's mourning, followed her into the room; behind the young widow came a nurse carrying a child. One glance told me who the widow and child were.

"Oh Miss Orian, you shouldn't have come back like this," called out the old servant.

"Nonsense, Conner," she replied in an imperious, but sweet voice; "could I stay away, when you telegraphed that my father was so ill? give me baby, nurse, and go away, please. Aggie, this is baby—this is little Cyril—I have brought him myself. Connor telegraphed to me yesterday about my father's accident—she said his life was in danger. Aggie, kiss me. Oh, I have been so hungry for you, and for the old house, and for my dear father most of all. I was too proud to come to him until yesterday—but now—now—yes he *shall* forgive me—I'll go on my knees to him—I'll—Oh, Aggie, don't look at me with such startled eyes—I have suffered—I do suffer horribly. Aggie, I am desolate—and—*here is baby.*"

There was a wild sort of entreaty in her words and in the way she held the child out as she spoke. He was a heavy boy, but her young arms seemed made of iron. As to poor Miss Norreys, she was too stunned to reply. She stood with clasped hands gazing up pitiably at her sister.

"Take baby, Connor, said the younger woman. "Oh, Aggie, how old and worn you are. There, come to me, come into my arms." In a moment her strong young arms were swept round Miss Norrey's slight figure. She took the little lady into her embrace as though she were a child. Her long black widow's dress swept round her sister as she held her head on her breast.

Presently I went upstairs to sit with my patient. The improvement which I have already spoken of was more than marked each time I saw him. The Squire's eyes were bright, and I saw by their expression that his mind was actively at work.

"I fancied I heard carriage wheels," he said; "has anyone come?"

I was about to make a soothing

reply, which should lead his thoughts from dangerous ground, when, to my extreme consternation and amazement, Miss Norreys entered the room, carrying her sister's little boy in her arms. I would have motioned her back if I could, but I was too late—the Squire had seen the boy—I saw him start violently—all the upper part of his body was still completely paralyzed, but the features of his face worked with agitation, and a wave of crimson mounted to his brow.

"Keep yourself calm," I said to him in a firm voice. "I cannot answer for the consequences if you allow yourself to get excited. Miss Norreys, you ought not to have brought that child into the room without my permission."

The poor lady gave me a piteous glance; her eyes were red and swollen with weeping.

"Let me see the youngster," exclaimed the Squire. "Bring him over to the bed, Agnes. I know who he is—he is Orian's boy—she has sent him here at last. Heavens! what a look of the family the little chap has—he is a Norreys, not a doubt of that."

Miss Norreys stood with her back to the light.

"Bring him round to the other side of the bed," said the squire, "and let me have a good look at him."

Miss Norreys obeyed with some unwillingness.

The full light now streamed on the child's face—it was beautiful enough to please anyone—the features were perfect, the contour aristocratic—the full eyes were lovely in colouring and shape; and yet—and yet it needed but one glance to tell me that no soul looked from the little fellow's tranquil gaze, that, in short, the mind in that poor little casket was a sealed book. The beautiful boy was looking at no one he was gazing straight out of the window up at the sky. Presently the faintest of smiles trembled round his lips, but did not reach his serene eyes.

"He's a fine little chap," said the Squire, "but—" there was a fearful pause. "How old is he, Agnes?"

"Quite a baby, as you can see," said Miss Norreys.

"Folly," said the Squire; "he's over two—put him on the bed."

Miss Norreys obeyed.

The boy sat upright where he was placed, he never glanced at his grandfather, but his eyes followed the light.

"He's a fine little chap," "very like us, but—when did you say he came, Agnes?"

"About half an hour ago," she replied, with firmness. "He's a beautiful boy," she repeated; "he is as beautiful as an angel."

The Squire knit his brows—his face was getting flushed, his keen, sharp eyes looked from the crown of the child's head to his daintily clothed feet.

"Take him away," he said, suddenly. His voice was harsh there was a tremble in it.

I motioned to Miss Norreys to obey. She lifted the little fellow into her arms again, and carried him out of the room.

The moment the door closed behind them, Squire Norreys turned to me.

"You are a doctor," he said, and "you know what's up."

I made no reply.

"That boy's an idiot," said the Squire—"he's a beautiful idiot—he's no heir for me—don't mention him again."

"There is something the matter with the child," I said; "what, I cannot exactly tell you without giving him an examination. As he is in the house, I should like to go carefully into his case, and will let you know my true opinion as soon as possible."

[*To be Concluded.*]

"'The larynx now goes up;
The pharynx with a slam
Ejects the note
From out the throat,
Pushed by the diaphragm.'"—*Ex.*

There was a crowd on a street corner below a sky-scraper in the course of erection (says *Vanity Fair.*) A painter had let his pot of green paint fall, and the emerald liquid now streaked the sidewalk gorgeously. About this a crowd of idlers had gathered. A new-comer, trying to push his way to the unseen magnet of attraction, met a man equally eager to get out, and accosted him: "What's it all about?" "Nothing much," said the other; "just an Irishman had a hemorrhage.

AN UP-TO-DATE EXCUSE.

Little Boy—Mamma, I wish you'd find out who it was hypnotized me, and punish 'em severely.

Mamma—Wha-at?

Little Boy—While you was out I was pulled right into the pantry, and forced to eat a hull lot of those cookies you said I musn't touch.

"Hold up yer hands!" sternly commanded the foot-pad.

"I'll throw up one of them," said the sour-looking man, suiting the action to the word. "If you want the other one up, you'll have to raise it yourself; I can't. Say, do you know anything that's good for rheumatism?"

Bacon — That man Black, who plays the heavy villain in the new drama, must have a wonderful constitution.

Egbert—Why?

Bacon—He smokes an entire box of cigarettes in the first act and doesn't die until the last act.

MATRIMONIAL BLISS.

Young Man (helplessly)—"Doctor is there any cure for the liquor habit?"

Doctor (thoughtfully)—"Y-e-s—one."

"What is it?"

"Marry a woman bigger than you are."—*Doctor's Factotum.*

Magistrate—"Well, doctor, how is it with the fellow who was shot today?"

Doctor—"Well, sir, one of the wounds is absolutely fatal; both the others can be cured."

ANOTHER PHASE OF IT.

"I wonder what Wickles has done with his new bicycle?"

"I don't know. I don't believe his family will pay much attention to that phase of the question until the surgeon finds out what his new bicycle has done with Wickles."

"Scientists say that there are microbes in kisses," said Miss Kittish to Mr. Hunker.

"Happy microbes!" exclaimed the young man, ecstatically.

A NEW OPIATE.

"I made a speech at the doctors' dinner last night." "That accounts for it." "Accounts for what?" "Two men who were present said they had discovered a new opiate."

"Oh doctor, how do you do? You look killing this evening."

"Thank you, but I'm not; I'm off duty, you know."

FORGETFUL BUT ACCOMMODATING.

Doctor — Suffering from those gastralgic twinges again, eh, Mr. Lapsus? What did you eat for dinner, to-day?

Mr. Lapsus—Well, really, doctor, I couldn't exactly tell. You see, I have not acquired a habit of memorizing my bills of fare.

Doctor — That's unfortunate, I strongly suspect, however, you've been indulging in your old penchant for mince pie.

Mr. Lapsus—I declare, I don't remember. However, you go ahead and prescribe on the basis of mince pie and when I get home I'll ask my wife and if she says I didn't eat any I'll harmonize my system to your diagnosis by devouring a piece at once.

"Has Bilkins' sight been completely restored?"

"The doctor thought so until he presented his bill, when he couldn't make Bilkins see that it was worth $200.

THE CHIEF'S MISTAKE.

Big Injun (admiringly)—Me like pictur.

College Man (proudly)—I thought you would.

Big Injun—Heap pretty squaw!

College Man (wrathfully)—You old heathen! that's a portrait of me when I belonged to the foot-ball team.

READY FOR ANYTHING.

Fair Patient—Is there no way of telling exactly what is the matter with me, doctor?

Dr. Emdee—Only a post-mortem examination would reveal that.

Fair Patient—Then, for heaven's sake, make one. I don't see why I should be squeamish at such a time as this.

"Waiter," said a guest, "I wish you'd ask the proprietor to turn on a little more light. It's so dark in here, I can't tell whether I'm eating planked shad or a paper of pins."

TO A ST. LOUIS PHYSICIAN.

Docter:—If you pleas to sent me a little meadson if you pleas to skake my boles up I got the dierei.

IKE BENTON.

Here lies the body of Mary Ann Chowder,
Who died from drinking a seidlitz powder;
Gone from this world to her heavenly rest,
She should have waited till it effervesced.

Haverly—Does bicycle riding give people plenty of exercise?

Austen—I should say it did! You ought to see pedestrians dodging us on the boulevard.

Visitor (picking up the baby)—"So this is the baby, is it? Bless his little tootsie-wootsies! Kchee-e-e! Watch me poke um's ribs."

The Boston Baby—"Mother, will you kindly inform me whether the deplorable condition of this person is due to permanent dementia or to spasmodic and intermittent insanity?"

The female chiropodist is the divinity that shapes our ends.

THE CONSUMPTION SCARE.

A criminal attempt is in progress on the part of a few warped minds to precipitate a consumption panic. In this war upon the tuberculous the most absurd regulations are advocated. One of which is to segregate in pest houses all those who harbor tubercle bacilli. Now, this troublesome germ has been found in the sputum of perfectly healthy men, and has been conspicuous by its absence in cases dying with the lesions of tubercle. Moreover, if it were proven (which it is not) that the bacillus is the *cause* of consumption and consumptives are the sole source of the germ, we might hope to reap some advantage from this brutal course, but this bacterium is ubiquitous, and may be found in every square inch of earth, air, and sky.

This action of health boards and misguided enthusiasts is not original. A similar course was once pursued in Naples until the *increasing* prevalence of consumption and the apparent impotence of such regulations to control it brought about a reaction in public sentiment, and the laws were repealed.

In Hayti to-day consumptives are ostracized, and after death their property confiscated and destroyed, but without *restraining* influence upon the progress of the disease

It must not be supposed that physicians are at all unanimous in the assertion that consumption is a contagious disease. The majority of the profession is still sane on this subject, and such prominent men as Dr. T. J. Mays, Dr. Price, and Dr. Frank S. Parsons, of Philadelphia; Dr. Oscar S. Phelps, of New York; The Drs. Amick, of Cincinnati, and Dr Lawson Tait, of England, have written able and instructive papers on the subject.

The editor of the *Brief* is of a consumptive family and hence, early in life made two resolutions: to gain all possible knowledge concerning consumption, and to decline having the disease. The results are an extensive library pertaining to tuberculosis, vigorous health, and a firm conviction that the disease is due to malnutrition, assisted by those habits of life which tend to decrease the vital force.

The outcome of the present campaign will be disastrous. When physicians discontinue the practice of the healing art to persecute the sick, the laity will, very properly, throw physic, and those who prescribe, it to the dogs. Few of us have passed through life without being more or less intimately associated with consumptives, and yet we are told by fanatical health boards that the disease is as contagious as small-pox! Does any one

doubt that, with the alternative of being exposed to one or the other of these diseases, he would choose pthisis?

If bacteriology's efforts to usurp the throne of rational medicine are to result merely in war upon the helpless and infirm, it is about time the young pretender was finally sat upon.—*Editorial, May issue Medical Brief.*

SURPRISE IN A CHICAGO CLINIC.

A story has just leaked out of a recent clinic in Rush Medical College which is indeed a chapter of dire disasters. There is in the faculty of this well-known institution an instructor who occasionally rides a hobby hard and fast. At the moment of speaking his enthusiasm was centered in a contrivance that he had gotten up for thoroughly cleaning out the stomach, scrubbing it out, if you please. This is nothing more than a sponge compressed into the smallest possible compass and sheathed, attached to an ingenious arrangement whereby it may be freed when let into the stomach and the whole operated in much the same fashion as the infernal machine used by dentists. Many will know the name of the professor by this description, but we will not speak it.

Recently he brought before his class a subject for operation, who, it was thought, was afflicted with a tumor, an old man of tremendous girth. He was placed upon the operating table, an anæsthetic applied, then cut open, presenting to view a perfectly normal stomach. There wasn't a thing the matter with him, other than the very bad "gash" he had just sustained. Now this circumstance of itself is somewhat appalling, but it is not all. Our old professor, though nonplused, was not beaten. He perceived that here was a rare opportunity to exhibit the practical workings of his "stomach sweeper." It was accordingly let into the victim, and for some time he and his disciples watched its energetic workings in the exposed stomach of their "fat friend." At length the signal was given to withdraw it, when *horribile dictu* it was discovered that the sponge had not come out too. Then there was a to-do with a vengeance. Whether to cut open the stomach and rescue the sponge, or to sew him up and trust to a violent cathartic was a question argued at length and earnestly. The latter opinion finally prevailed. An oath was administered to all present that never under any circumstances would they reveal the doings of that awful hour.

When the old gentleman regained consciousness he was solemnly informed that he had been almost within the shadow of death, (who can doubt it?) that there had been a forty-two pound tumor taken from him. The cathartic proved a success, and he is now a well man, profoundly grateful for his deliverance—(as he ought to be.) Let us hope that he may never come across this narrative.

[*The publishers of this journal, and they only, are responsible for what they from time to time disclose under "Ethics and Politics." The editor will as heretofore confine his attention to the discussion, from a medical standpoint, of questions of professional nature. The editor neither writes nor edits matter under this caption.*]

The Tate-Hart Affair.

PHILADELPHIA, PA., April 6, 1895.

EDITOR OF THE CINCINNATI MEDICAL JOURNAL, Court and Broadway, Cincinnati, O.

Dear Sir:—After the remarkable editorial in your journal of April, I trust you may show SOME justice to Mr. Hart by inserting the letter, a copy of which I enclose, that appeared in the New York Medical Journal, March 16, 1895, p. 344.

Very sincerely yours,

Geo. M. Gould, M. D.

"10 NEW COURT, LINCOLN'S INN,
LONDON, W. C., February 26, 1895.

To the Editor of the New York Medical Journal.

DEAR SIR:—An extract headed "From the New York Medical Journal," dated 9th February, 1895, Mr. Lawson Tait and his Professional Brethren, has come to our notice.

As solicitors for Mr. Ernest Hart, whose name is herein mentioned, will you allow us, in the absence of that gentleman, who is still in India, to inform you that in the month of November, 1894, Mr. Lawson Tait commenced an action for slander against our client, Mr. Hart, claiming £10,000 damages; that on this coming to Mr. Hart's knowledge he, without waiting to be served with a writ, instantly appeared and demanded a statement of claim; that on the 12th of December, 1894, we received from Mr. Lawson Tait's London agent a notice of the discontinuance of the action, and that our client's costs therefor have since been paid by the plaintiff.

A. H. ARNOLD & SON,
Solicitors for Mr. Ernest Hart.

N. Y. Med. Jour., March 16, 1895., *p.* 344."

Both out of respect for Dr. Gould, and our unwillingness to do an injustice to any man, no matter in how low esteem we may

hold him, we print the foregoing. It will at once be seen that the commmunication from Mr. Ernest Hart's solicitors is merely an alleged statement of fact that does not in the least exculpate Hart from the charges of having "damnably and maliciously lied" preferred against him by Dr. Cushing, editor of the *Boston Medical and Surgical Journal.*

We have referred the whole matter to Dr. Tait in Birmingham, England, and hope to be able to set the whole truth before our readers at no distant day.

* * * *

The Code. Our views in regard to the Medical Code of Ethics are too well known to require reiteration. We are glad to notice that they are finding a second in many quarters, We note such sentiments expressed in recent issues of the *New York Medical Times*, *The Western Reserve Medical Journal* and others. The following extract is from the April 6th issue of the *Kansas Medical Journal:*

"It is very probable that sufficient influence will be brought to bear in the next meeting of the American Medical Association to secure either material change or complete annihilation of the code of ethics. Some of the most prominent societies in the east have not only declared themselves opposed to its restrictions, but have opened their doors to every reputable physician without regard to school. The Cleveland Medical Society has recently taken such action. The Kansas Medical Society at its last meeting expressed itself in favor of such amendment of the code as would permit any consultation that seemed to the physician to be of importance to himself or the patient.

The restrictions of the code only meets the approval of those narrow-minded, bigoted men who fear honest competition.

It is pretty tolerably certain from the general expression from physicians all over the country that unless some change is made there will be a new organization on a broader basis.

It seems to us the time has come when we should put medical education as well as medical practice on a broader basis. Let the schools give instruction in every phase of medicine, and let the physician be the judge of the applicability of the different forms of medication to different cases. Then societies may be broad and comprehensive and their membership be restricted only on the requirement that the applicant be a gentleman and a physician."

The Cincinnati Medical Journal.

Address all Communications to the Editor, Court and Broadway, Cincinnati, O.

Vol. X. *MAY, 1895.* *No. 5.*

Editorial.

Ben. H. Brodnax, M. D.

The readers of the JOURNAL will be glad to look upon the benevolent features of Dr Brodnax (see frontispiece) presented in the fore part of the present issue. Knowing this to be the case we have taken the liberty of reproducing a photograph which he has given the editor with no expectation of its going beyond the limited circle of his friends immediately connected with this publication. Accompanying the photograph was a characteristic letter in which the writer says: "I thought you would like to see the old back-woods doctor. Not very picturesque? No, rather rough; but he has a good heart; loves his friends; can forget an injury, esteems his fellowmen, is proud of his profession, and glad of the opportunity to do good, to ease pain, to help the weak and suffering." Where will one find a better code of ethics than is here set forth. No one of us who have read the contributions of Dr. Brodnax to this and other journals doubt but that he is a good man. Rarely does a writer weave so much of his personality into his written words. What he says rings true every time. We read between the lines the desire to help others, eagerness to increase his own store of knowledge, the honest, earnest purpose to do good to his fellows.

We saw in not less than five leading medical periodicals last month, helpful instructive articles from Dr. Brodnax's busy pen, while others quoted from his earlier writings. These facts indicate how widely he is known, and how much appreciated. We cannot measure the benefit he has been to this JOURNAL since he became a contributor. We know that he has gained for us many friends and supporters, all of whom will join us in wishing him long life and prosperity.

* * * *

Baldness in Men. Leslie Phillips, M. D., surgeon to Birmingham (England) Skin and Lock hospital in a recent discussion on "an unconsidered factor in the production of baldness" published in the *Birmingham Medical Review*, gives as a reason why men are so much more afflicted with baldness than women: "In men the hair is habitually cut short from chidhood, while in women the converse is almost universally true. In boyhood and manhood by clipping or cutting the hair we remove the gentle traction on the bulb and follicle which the natural weight of the hair exercises, and which constitutes the essential and natural stimulus necessary to secure due innervation and vascular supply to the hair-producing structures. Loss of vigour, and finally more or less pronounced atrophy, is the inexorable result, modified or delayed, it may be, by collateral circumstances, predispositions, or conditions. In the light of the same consideration, the rationale of the beneficial influence of regular, gentle, and prolonged dressing and brushing of the hair is to be sought for in the stimulating influence of traction upon the circulation within the hair bulb and follicle."

* * * *

How to Fight Microbes. The warm rays of the sun have begun their work of penetrating into the secret corners of the back yards and alleys where the snow and ice have kept in check for four or five months the disease-breeding bacilli, and the work of freeing the millions of disease microbes which have lain dormant for so long has been fairly launched.

Water and air are the greatest sanitary agents. The germs of many of the worst diseases are conveyed in drinking water, and it therefore becomes a duty to use pure water only. Fresh air is something all may obtain without money and without price. Sunshine is easy to obtain under most circumstances. There is nothing which will kill disease germs so quickly as the application of fresh air and the rays of the sun. Although the germs of most diseases may be frozen solid during the winter without resulting in their destruction, hot water will kill them under ordinary circumstances. Water can be rendered perfectly pure and safe by boiling and filtering. It is dangerous to drink water

which has stood over night in a closed room, especially in a room which has been occupied by persons or other living animals. Not only should the body be bathed systematically, but every nook and corner of the house, of the cellar, and the door yard should be closely scrutinized at this time of the year, and every particle of dirt of whatever character removed. It is impossible to tell how many microbes of disease may be lurking in a handful of dirt found in the corner of the woodshed or in the cellar or under the disappearing ice and snow in the yard.

Disinfection should be used freely in all suspicious places, but even the best disinfectants will not purify the air without the aid of the sunshine, wherever it is possible to give the latter access. Copperas is a good and cheap disinfectant for many purposes. It is easy to obtain, and readily dissolves in warm or cold water. It should be used in the proportion of two pounds to the pailful of water. Chloride of zinc is superior to copperas as a disinfectant, but is more expensive and therefore not so available when large quantities are required. The proportion is half a pound to the gallon. This is a very effective solution to use in kitchen sinks, house drains, etc., also in vessels used about the sick room. Corrosive sublimate in a solution consisting of one part of the salt to a thousand parts of water is one of the most effective disinfectants known. It is a poison, and should be handled with great care. Quick-lime and chloride of lime are valuable to scatter around wet places, under buildings, in stables, etc. A solution of sulphate of zinc, one pound; carbolic acid, two ounces, and water, four gallons, answers every purpose for washing.

* * * *

Maps given Away by The Rio Chemical Co.

We are in receipt of an excellent map of the earth presented to us by the Rio Chemical Co., of St. Louis, Mo. They inform us that it is their present purpose to send a similar one to every doctor in the United States. This map is 27 x 27 inches and is made with minute care to small details which will render it especially valuable to students. If you do not receive one write to this enterprising firm and they will take pleasure in supplying you.

A bad Tenant. There is standing on our desk a vial filled with alcohol containing a head of wheat of ordinary size. It is quite two inches long by one-half to three-fourths of an inch in width. This head of wheat has had a curious and most unusual experience, best described in the letter which accompanied it.

COZAD, NEBR., April 9th, 1895.

Dear Sir:—I will give you as good a history of that head of wheat as I can. The first of Sept., 1893, while working hard feeding a threshing-machine, I chanced to open wide my mouth to get a breath of air, just as there was thrown down from above a big forkful of loose wheat, which struck me squarely in the face.

This head of wheat went into my lung or bronchial tubes. I felt sick at once. Three weeks after the wheat head had gone into me, I went to bed and for nine weeks I lay expecting to die at any time. But at last I began to get better. On the 15th of January, 1894, in a fit of hard coughing and vomiting I coughed up this head of wheat.

As nearly as I can tell by the feeling, it had lain in my right lung nearly beneath the nipple. I had a fever that ranged from 102° to 104° Fahrenheit, for seven weeks. That is all the story of the wheat head. Very truly yours,

W. M. LOIBE.

* * * *

BUFFALO, N. Y., April 1st, 1895.

Semi-Centennial of the Buffalo Medical and Surgical Journal.

Dear Doctor: Permit me to announce that the *Buffalo Medical Journal* will be fifty years old in a few weeks. I propose to signalize its semi-centennial anniversary by increasing its reading pages from 64 to 80, and by making other improvements that will contribute to its efficiency and keep it abreast of the professional progress of the period.

There are very few medical journals in this country that have reached the age of fifty years, and I shall be pleased if you can

find occasion to make editorial comment in your valuable JOURNAL in the near future on the event alluded to.

Very sincerely yours,

WILLIAM WARREN POTTER, M. D., Managing Editor.

We extend to our venerable and respected contemporary our sincere congratulations. That a medical journal or periodical of any kind lives for fifty years is proof positive that it is worthy of an existence and wide recognition; that it has been ably managed, and is an earnest that in the future it will increase, not only in size, but in worth, even according to the policy already mapped out by Dr. Potter.

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Quite recently an honorable, highly esteemed newspaper man of national repute, who was well-known to business men in New York, Chicago, and Cincinnati, died in New Mexico. He was a gentleman highly connected, a man of wealth and probity, charitable and beloved by all. His body was not yet cold, and mother earth had not covered his remains, ere the individual who edits the Cincinnati *Lancet-Clinic* assaulted his memory. We will not do violence to the dead man's repute by mentioning his name in the same paragraph with that of J. C. Culbertson, M. D., the author of the outrage. Suffice it to say that this assault on the memory of an inoffensive man is the only monument that the dispicable creature who perpetrated it deserves himself. It would seem that Oscar Wilde did not touch the lowest or nastiest depth after all. Ugh!

Editor THE CINCINNATI MEDICAL JOURNAL.

Our Pictures of Representative Practitioners.

For reasons over which we have had no control, we are obliged to postpone publishing for one month the group of representative practitioners we had designed for our present May issue. Their pictures and brief sketches will find welcome place in the June number.

The June JOURNAL will also contain the photographs of a number of the representative practitioners of the great state of Wisconsin. There are in this state seventeen hundred and more doctors. Many of them have been pioneers, and to them is due much of the credit for the remarkable progress that Wisconsin has made in the last forty years. The great majority of them are an honor to our profession. There are some of whom the less said the better. It is needless to say that we shall invite only from the first of the two classes to make up our representative group.

We are gratified to notice that our plan of illustrating the JOURNAL with groups of representative practitioners is endorsed and favorably commented upon by the leading medical periodicals of the land. The following editorial is taken from the April 13th issue of the *New York Medical Record*, unquestionably the leading exponent of medical journalism in the United States. The writer therein says:

"The very pleasant fashion of publishing the pictures of eminent medical men in medical journals has become a feature of the day, and is particularly developed in the west. We rarely open one of our esteemed contemporaries now without finding a picture of some rising or risen light. The practice is one that has many things to commend it; for one often appreciates at a truer value the writings of a man whose face is known.

We are particularly pleased to see that the CINCINNATI MEDICAL JOURNAL is taking up the cause of the country practitioner. It has begun a series of illustrations of the representative men of this class in Illinois. We hear a great deal and say a great deal about the country practitioner—his hardships, his struggles, his resourcefulness, his utility, and his success as a factor in society. Our contemporary gives us pictures of twenty-nine of the class, and promises more. He begins with Illinois, because

in no state has the medical profession played a more important part.

The faces of the Illinois practitioners show them to be a vigorous and healthy-looking set of men. Altogether, the collection is flattering to the personal qualities of Illinois doctors, and we wait with some eagerness to see if other states can do as well."—*New York Medical Record, April 13th, 1895.*

SOME HELP WE GET FROM MICROBES.

Ordinary digestion is performed in the stomach and the intestines by means of soluble ferments secreted by the organic cells, which attack alimentary substances, dissociate them, and render them assimilable; and this is perceived to be a function very similar to that of microbes. The digestive passages, however, contain immense quantities of microbes continually brought in with the food, multiplying infinitely, and performing exceedingly complex offices. Even if we take up only a few of these offices, we are compelled of necessity to assume that they intervene in digestive operations, either as aids to the organic diastases or as themselves effective agents. M. Duclaux, insisting on this point, has remarked that some celluloses are capable of being attacked only by microbes, no organic juice having sufficient strength to affect them. M. Pasteur does not believe in the possibility of digestion in a medium completely deprived of microbes.

Of the chemical activity of microbes, what we know is as nothing in comparison with what it may be. Every species, every race, every variety of microbe is charged with a special fuction; the division of labor is carried among them to its extreme limits, so much so that in any chemical reaction each microbe takes its part in producing the process at different stages. Each variety has its duty in the work, determines a partial dissociation of the material which another species completes, and so on to the extreme simplification of organic matter, reduced to its elementary constituents, or to such conditions as to be assimilable by the plant.—*From Microbes as Factors in Society, by* L. CAPITAN, *in The Popular Science Monthly for May.*

Obituary.

SIDNEY GUY SEA.

"Died at one o'clock Friday afternoon, April 5th, at St. Vincent's Sanitarium in this city. Sidney Guy Sea," was the wording of a brief dispatch sent out on that day from Santa Fe, New Mexico. It brought sorrow to many hearts. To every one acquainted with the man and the circumstances the old enigma is again presented: Why is such an one cut off: one still young, who has won friends, and attained fame and fortune, one so necessary to family and kindred, so able and so willing to help his fellow men, striving so earnestly to widen a little the borders of human knowledge and attainment?

Sidney Guy Sea was born in Chicago less than forty years ago. From his early youth he was endowed to an extraordinary degree with that spirit of enterprise characteristic of his surroundings. From the time he was fourteen years old, unassisted he made his own way in the world. Before he was thirty he was at the head of a magnificent business, built from an humble beginning by his unaided effort. He was the first merchant in Chicago to use full page advertisements in the daily papers, and the other branches of his business were conducted on the same splendid scale. In one of the terrible financial panics that carried down many another colossal business, Mr. Sea was driven to the wall. It is a matter of record that no creditor ever lost one cent by him. Many with whom he had formerly dealt now held out flattering business propo-

sitions to secure his co-operation. He decided to cast his lot with the then young and insignificant *Chicago Herald.* He became its business manager. The unexampled, brilliant success of that paper while S. G. Sea was connected with it has never been paralleled in the history of Journalism. He resigned his place on the *Herald* to accept a similar one on the *New York World.*

About three years ago Mr. Sea's physicians, the most eminent in the land, told him that he could not much longer resist the ravages of consumption, which had been preying upon him slowly for years, and that if he would stay for a few months at most, the hand of death, he must at once seek a milder climate. He started South. Stopping to visit a friend in Cincinnati, he learned of a new theory and treatment for pulmonary troubles, recently advanced by a well-known physician of this city. He resolved to test its merits and found that he was benefited thereby. His health was restored to a degree that surprised and gratified both himself and friends. He did not pursue his journey South. More from a sense of thankfulness for his own deliverance, and from deep sympathy for others afflicted as he had been, than from any other motive, he devoted his time and energies to spreading abroad a knowledge of the means that had rescued him from the deepening shadows of the valley of death.

A year ago he spent the month of March with his family in Florida. Here malaria seized upon him, and from it he never recovered. Last fall he went into the Southwest. He first tried the mud baths of Las Vegas, N. M., hoping to shake off the malaria, but to no purpose. His old trouble

came upon him with renewed force. He went to Santa Fe, resolved in that delightful climate to make a last, brave stand against death, but there was not enough strength left in him to withstand the combined assault. He was conscious to the last hour he lived. His last words were tender words of parting, spoken cheerfully, to his devoted wife: "I am going, dear; good-bye." And so ended his brief and brilliant career.

Sidney Guy Sea was a polished man of the world, a Christian in the best sense of the word. In him was combined to a singular degree business sagacity and benevolent charitableness. He had traveled widely, had read much, and wrote exceptionally well. He was striking in appearance, and magnetic in manner. He leaves behind him a loyal heart-broken wife, comforted by no children. Those of us who know how devotedly attached to one another were this husband and wife; with what tender care she had watched over him; how much of his success was due to her helpfulness and cheerfulness; with what unspeakable joy and thankfulness she welcomed the renewed lease of life granted him. We alone know how bitter is her anguish at this time. To most of us sorrows such as this have never come. Heaven grant they never may. How gladly would we speak some word that would relieve, if but a little, this stricken heart.

Sidney Guy Sea was for years the dearly-beloved friend and advisor of the editor and publisher of this JOURNAL.

"Sweet peace conduct his sweet soul to the bosom of good old Abraham."

Editor CINCINNATI MEDICAL JOURNAL.

THE PAST MONTH

Brief and breezy items of news are asked from Doctors everywhere.

DURING the recent remarkable flurry in oil, the opinion of no man regarding the probable outcome has received a more respectful hearing than that of Dr. M. C. Eybert, of Pittsburg, Pa. Dr. Egbert in 1859 received $200,000 in cash for one-twelfth interest in his famous well, The Coquet.

THE highest death rate of any town in the civilized world is that of the City of Mexico—40 per 1,000. The city is 7,000 feet above the sea level, but in spite of this fact its defective drainage makes the mortality very great. Mr. Romero, the Mexican minister at Washington, explains in a recent article that when the water in Lake Texcoco is high it backs up into the sewers until the soil under the houses and in the streets is saturated with sewage.

THE captain of one of our American warships in the East says, after visiting a Japanese war hospital near Negasaki: "The hospital was the admiration of the French and English surgeons, as well as our own. The medical staff was all Japanese, who had graduated in medicine and surgery either in America or England, then taken a post-graduate surgical course in clinics at the Paris and Berlin hospitals, They had the best modern instruments and systems, the newest antiseptics—everything a hospital on modern lines should have. And all this is the work of a generation."

THE use of blood as a curative agent is said to be on the increase in Paris, and certainly, it appears that persons still resort to the abattoires every morning to partake of this nauseous form of so-called cure. Although French doctors do not often prescribe these forms of treatment, "blood baths" are not infrequently used, and certain patent medicine, are sold under the name of "poudre de sang," and other titles.

THE Cleveland Medical College heretofore under the control of the Wooster University, has been offered to the trustees of the Ohio Wesleyan University, under condition that $50,000 is raised for a new building. The same offer was made to the Wooster University, but it was unable to raise the required money. Dr. Barker, the Ohio Wesleyan University financial agent, has already raised about $35,000, and will raise the remainder, Dr. W. F. Wallworth, of Cleveland, aiding largely. The college will be greatly improved in buildings, equipment and faculty, and made one of the strongest in the north before it reopens, next September.

DR. CYRUS EDSON'S article on "Nagging Women," which appeared in the January number of the *North American Review*, and which attracted so much attention, has called forth three rejoinders from the feminine point of view written respectively by Lady Henry Somerset, Marion Harland, and Harriet Prescott Spofford which appear in the March number of the *Review*. In the April number of the same magazine Dr. Edson again writes on the same subject, replying to the objectors to to his first article, and defending his position.

THE "Siamesed" twin girls born to Mrs. Koehler, of 342 East Forty-second St., N. Y., April 15, are now apparently as strong as babies of their age usually are, and they are attracting a great deal of attention from the medical profession in that city. Dr. Sigmud Tynberg, of 221 East Forty-second street, who is attending them, said that it had not been decided yet whether or not any operation would be performed to separate them. "Such a decision will not be made for at least ten days," said Dr. Tynberg, "and then a consultation will be held. The twins are increasing in weight and apparently they are healthy.

SOCIALISM in medicine is the new move in New York, and if the measure now pending goes through, there is no reason why it should not extend.

President Wilson, of the Board of Health, has formulated amendments to Sections 553 and 554, of Chapter 10 of the laws of 1882. The amendments provide for the making use of antitoxin and the establishment of a fund in relation thereto. They provide that antitoxin be included in the vaccine laws, and the distribution of the new diphtheria cure be made free and subject to such rules as govern vaccine at the present time. The documents will be sent to Albany immediately and will be acted upon at an early date.

SIR BENJAMIN RICHARDSON, M. D., of England, thinks that the normal period of human life is about 110 years, and that seven out of ten average people could live that long if they lived in the right way. They should cultivate a spirit of serene cheerfulness under all circumstances, and should learn to like physical exercise in a scientific way. No man, he says, need be particularly abstemious in regard to any article of food, for the secret of long life does not lie there. A happy disposition, plenty of sleep, a temperate gratification of all the natural appetites, and the right kind of physical exercise will insure longevity to most people.

A NEW YORK dispatch details the following: A fluid supposed to be antitoxine, purchased in the original package, was injected into the arm of Miss Bertha M. Valentine. 17 years old, of No. 311 Roebling St., Williamsburg. The girl died in ten minutes afterward.

Dr. Korthright injected the contents of the bottle in the package, about 2½drachms of fluid, into Miss Valentine's left arm. Miss Valentine complained of a tickling sensation throughout the body and sank to a lounge. Her face blackened and she went into conqulsions. Eight minutes after the fluid was injected into her arm she died. It is believed that poison and not antitoxine was put in the bottle in Germany.

DR. WILLIAM HOTCHKISS, alleged to have reached the age of 140 years, died in St. Louis April 1st. He went to St. Louis forty years ago, and has always been known as the "color doctor." In his peculiar practice of medicine he termed his patients members of his "circles," and claimed to treat them by a magnetic process. Dr. A. J. Buck says that his Masonic record has been traced back one hundred years, showing conclusively that he was at least 121 years old. A letter received from his old home in Virginia, over a year ago, says that he was born there in 1755.

A. D. GOLBRAITH, M. D. has removed from Shelbyville, Ind. to Knoxville, Tenn. He is a friend of ours and our best wishes for his continued prosperity follow him to his new southern home.

L. T. COX, M. D., of Stanley, Ky., is a new recruit who sends us appreciated words of encouragement.

THE graduating exercises of the Miami Medical College of Cincinnati, took place on April 4th. Prof. N. P. Dandridge presided. The Honorable John D. Cox, of Cinti., conferred degrees upon the graduates. Dr. C. O. Probst, secretary of the State board of health made the valedictory address. There were thirty-two members of the graduating class. The following received prizes for excellency in their work. The prize for proficiency in surgery was received by Dr. S. Smith Terrell and consisted of a set of handsome surgical instruments. For the general practice of medicine Dr. E. J. Emmert received a substantial medicine case as a testimonial to his ability. Dr. J. D. Williams won the case of obstetrical instruments given for proficiency in that branch of the profession, and also the handsome ophthalmoscope which went to the graduate who excelled in treatment of the eyes. Dr. Terrell, who won the surgical prize, also carried away the prize for the study of ear diseases, a set of instruments.

CHICAGO people that know anything of the career of young Dr. "Bob" Harvey, of Prairie avenue, feel at times, I am told, an almost irresistible desire to thump him most heartily on the back. In these days when it is very rare for the son of a millionaire to attempt to work at all, an exhibition of pure and continued philanthropy, like that of which this rising young Æsculapius has been guilty, deserves to go on record. Some years ago, Dr. Harvey's father, who is the founder of Harvey, one of Chicago's busy suburban towns, settled upon his son a yearly allowance more than sufficient for his maintenance and bade him go into the world and make a name for himself. The young man's first step after graduating was to enter one of Chicago's big hospitals, entirely without compensation. He is now the physician-in-charge of the institution, still without pay. I have not heard any member of the medical profession in Chicago complain of Dr. "Bob's" alleged unique and most unprofessional habit of spending his spare time in visiting the poor of South Clark street and vicinity without any expectation or intention of receiving fees, and the fact that his rich papa admires his doings was evinced the other day, so I am told, by a present of a check for $10,000, "as a reward." as the old gentleman tersely put it, "for being the right kind of a son and one his dad is proud of."—*Town Topics.*

ACCORDING to a letter recently received by Dr. Henry Van Waters, from his brother in Seattle, there is a quaint and original doctor located on one of the islands on the sound. He advertises in posters and placards printed in a home outfit. In one of his announcements he says:

"Legs and arms sawed off while you wate without pane.

"Childbirth and tumors a specialty.

"No odds asked in measles, hooping cough, mumps or diarrear.

"Bald head, bunions, corns, warts, cancer and ingrowing tow nales treated scientifically.

"Coleck, cramps, costiveness, and worms nailed on sight.

"Wringworms, pole evil, shingles, moles, and cross eye cured in one treatment or no pay.

"Private diseases of man, woman or beast eradicated.

"P. S. Terms, Cash invariably in advance. No cure, no pay.

"P. S. (Take Notis.) No coroner never yet sot on the remanes of my customers, and enny one hiring me doan't haf to be good layin' up money to buy a gravessone. Come won, come awl."

The writer adds that this man does a good business, although you would not expect it, and his patients say he cures diseases, and does it thoroughly and quickly.

THE complete exposure and prompt apprehension of Oscar Wilde will have the valuable result of removing an odious creature from the view and thought of the public. After a little he will disappear and be forgotten, and with him will go the particular school of moral perversion of which he posed as the vain and shameless leader. The proper place for him is a lunatic asylum, to which he should be confined permanently; for the manifestations of intellectual and moral disease and abnormalty in him have been constant and unmistakable ever since he began to glory in their public exhibition, twenty years ago. The type of the malady is accurately defined in medical literature, and the symptoms of it as displayed in his case do not vary from those by which it is usually recognized by alienists. He ought to be sequestered from society like an incurable leper.—*Sun.*

IN the reports of the vital statistics of the eleventh United States census the corresponding data from Boston, Philadelphla, Baltimore, Washington and from the New England States as a whole, taken with those from New York State and New York City and with those derived from a special investigation of over 10,000 Jewish families, including over 50,000 persons, leads to the following conclusions as being probable for the United States:

1. The colored race is shorter lived than the white and has a very high infantile death rate; it is specially liable to tuberculosis and pneumonia and less liable than the white race to malaria, yellow fever and cancer.

2. The Irish race has a rather low death rate among its young children, but a very high one among adults, due to a considerable extent to the effects of tuberculosis, pneumonia and alcoholism.

3. The Germans appear to be particularly liable to disorders of the digestive organs and to cancer.

4. The Hebrews have a low death rate and a more than average longevity; they are less affected than other races by consumption, pneumonia, and alcolholism, but are especially liable to diabetes, locomotor ataxia and certain other disorders of the nervous system.—*Medical Record.*

DR. JOSEPH WINTERS, one of the physicians at the Willard Parker Hospital, and an eminent authority, made a savage attack on the use of antitoxin before the N. Y. Academy of Medicine, April 4th. Dr. Winters said he had studied the process carefully for three months, hoping to see that antitoxin had some influence on diphtheria, but he had failed to find a single case, and, on the other hand, he had found many where deaths had been due directly to its use. He cited several cases where he maintained death was due wholly to the antitoxin, for the patient did not have diphtheria when the inoculation was made, although the bacteriological diagnosis showed that the bacilli were there. Ae also spoke of the after effect—the abnormally high temperature and the anæmia, caused, he said, by the horse serum dissolving the human blood corpuscles. Five papers were read praising the new remedy.

THE best man in the world in the eyes of the publishers is the one who does not have to be reminded when his subscription expires, but is promptly on hand with a renewal. Dr. J. M. Shaw, of St. Johns, Ohio, is one of them, and "there are others" we know.

DR. PAUL GIBIER, director of the Pasteur Institute, New York City, furnishes a paper on "The Physicians and the Social Question" for the April number of the *North American Review.*

DR. ASA W. JAYNE, present Health Physician and ex-Coroner of Tonawanda, N. Y., and a prominent politician of that city, was a prisoner before United States Commissioner Fairchild April 19th, charged with perjury, in assisting an alien in procuring illegal naturalization papers.

LOGANSPORT, IND., April 20.—Dr. Calvin E. Carney, who recently graduated from the Indiana Medical College, Indianapolis, started from home, near Logansport, Ind., one day recently, to get a marriage license. He has neither been seen nor heard from since, and Miss Etta Herr, whom he was to marry, is prostrated with grief. Friends claim to know that Carney went to St. Louis.

FOR HYPNOTIC CRIMINALS.—A good story is told of a Judge who lately had the hypnotic plea raised before him by a burglar. The prisoner claimed that he did not know that he was "burgling;" that he did it automatically and unconsciously, under the direction of a hypontist. The Judge said that he would give him the full benefit of the law and also of his hypnotic misfortune. He thereupon sentenced the man to ten years in State Prison, but told him he could, if he choose, send for the hypnotist and have himself made unconscious for the entire term of his imprisonment.

"The same power," said the Judge, "which enabled you to commit the burglary, and not know it, ought also to enable you to suffer imprisonment, with hard labor, and not be aware of it. At any rate this is the best I can do for you."—Albany Times-Union.

SIR George Johnson (*Lancet*, Jan. 12, 1895), proposes a new test for sugar in the urine. To equal volumes of urine and saturated aqueous solution of picric acid, half the volume of liquor potassa (P. Br.) is added. An orange red color instantly appears as a result of the incipient reducing action of *creatinin* upon the picric acid at ordinary temperature. The color is deepened by boiling, and if after about a minute at this temperature a bright red color appears through the test tube when held up to the light, the urine is free from sugar. A solution containing two grains of glucose to the ounce of water is rendered so dark that no light is visible through the full diameter of the tube. It is asserted by the author that traces of sugar do not exist in normal urine.

PERFECT RECOVERY OF HEARING AFTER TWENTY-SIX YEARS OF DEAFNESS.—Dr. F. Faulder White, surgeon to the Coventry Hospital, describes a case of this kind. (*British Medical Journal*, March 2, 1895.) The patient, aged 35 years, was said to have been deaf from the age of 9 years, and when first seen heard nothing at either meatus, owing to closure of Eustachian tubes. Daily Politzerization was instituted, and in one week she heard, at one-half inch, a feebly-ticking watch; in three weeks at three inches, and after three months hearing became normal. The case is recorded as remarkable for the extent of the recovery after so long a period of deafness, and to encourage tentative treatment in apparently confirmed cases of deafness. The mental development has been most marked since hearing has been established. Before treatment she was a good lip reader, and could make use of a limited number of words. Now, after restoration of hearing, she is obliged to learn the alphabet of sound. At first she could not understand aural conversation at all, but now understands many words when spoken slowly. Her education has been greatly neglected.

ON April 4th the Adjutant General issued a commission to B. C. Farquhar, M. D., of Zanesville, Ohio, as surgeon of the Eighth Infantry.

DR. J. H. GRAHAM, recently of Springfield, Mass., has removed to Prescott, Ontario, whither the JOURNAL and our best wishes follow him.

DR. T. J. TURPIN, of Tellulah, La., sends us substantial proof of his good opinion and promises to contribute an occasional article for publication.

WE have received no more cordial letter during the past month than from D. H. Miller, M. D., now of Newark, Ohio, recently of Alexandria the same state. We wish him all success in his new location.

SAYS a recent Washington, D. C. dispatch: One term of congressional life has quite satisfied Dr. Ikirt's appetite for politics. He will return to East Liverpool, Ohio, to resume the practice of medicine. He will be accompanied by his family.

A NEW chair of Diseases of the Mind and Nervous System has been created in the Phila. Poly-clinic, and Dr. Chas. W. Burr, Clinical Professor of Neurology in the Medico-Chirurgical College, has been elected Professor. Dr. Burr's teaching days will be Tuesdays, Thursdays and Saturdays; Dr. Mills continuing to hold his clinics on Mondays, Wednesdays and Fridays.

RECENTLY an interesting scene was witnessed at the Opera House at Muncie, Ind. The result promises to bring about a new era.

Mrs. William Griffin, nee Dr. Anna Lemon, was seated the third seat from the aisle. Next to her were seated two gentlemen, who, at the end of the first act, arose to leave the house. Mrs. Griffin refused to allow them to pass, and the manager of the house was called upon by the gentlemen. Mrs. Griffin stated that she had paid for her seat, and did not intend to keep getting up to allow men to get out to get a drink. The manager said that it was only a matter of courtesy on her part, yet she did not move, and the men were compelled to remain in their seats until the end of the show. The house was crowded, and the doctor received rounds of hearty applaus for her act.

AT the recent meeting of the South Carolina State Medical Association, Dr. De Sausseure read a paper on the future of the negro in the United States. He said the race is dying out, and quoted from statistics obtained from the Charleston Health Officer. In the seven years extending from 1880–87 inclusive, the average colored people of the city was 28,730; deaths, 8,932; births, 6,309. Among the whites, in about the same number of population, the deaths were 3,895; births, 3,854. The seven years from 1887 to 1894 inclusive, gave the following as to the negro population: Deaths, 9,604; births, 6,701.

EVERYONES FIRE-EXTINGUISHER —A physician has imparted to the Atlanta *Constitution*, for domestic application, the exact recipe of the solution used in the fire-extinguishers now offered for sale as follows:

"Take 20 pounds of common salt and 10 pounds of salammoniac (muriate of ammonia, to be had of any druggist), and dissolve in seven gallons of water. When dissolved it can be bottled and kept in each room in the house, to be used in an emergency. In case of a fire occurring, one or two bottles should be immediately thrown with force into the burning place so as to break them, and the fire will certainly be extinguished."

DR. ARTHUR DUESTROW, the St. Louis wife and child murderer, was taken to Union, Mo., where he will be tried for the second time as to his sanity.

UNFAVORABLE REPORT ON ANTITOXIN.—After a thorough study in various hospitals of Berlin of the use of Behring's diphtheria-serum, Passed Assistant Surgeon F. J. B. Cordeiro, U. S. N., in a report to the Surgeon-General of the Navy, concludes that so far proof is lacking of the value of antitoxin in the treatment of diphtheria. Dr. Cordeiro adopts the following opinions of Kassowitz: "1. A large number of children treated with both small and large immunizing doses have within a few weeks acquired diphtheria, and some of them have died of it. We do not possess a single scientific proof that a case of diphtheria was ever prevented by the immunizing process. 2. Children who during the first sickness have been treated with large doses of serum have a short time after acquired diphtheria anew. They were not rendered immune either by their sickness or the largest doses of the antitoxin. 3. In a large number of cases children have been treated on the first or second day of their illness with the fullest doses of the antitoxin and have died. 4. It is certain that a large part of those who have died notwithstanding the serum treatment did not die from the effects of a mixed infection, but directly from the specific effects of the Löffler bacillus. 5. Heart ond other post-diphtheritic paralysis are also seen in early and fully treated cases, and they occur as often as they did before the serum treatment. 6. Of a fever fall by crisis in the first twenty-four hours, and of a pronounced antipyretic effect of the serum, most observers have seen nothing or next to nothing. 7. The separation of the membranes follows in the cases that run a favorable course in the customary manner. But often there is an extension of the local process, and a renewal of the already seperated membranes during and after the serum treatment.

"The burden of proof lies with Behring and his co-workers. The world will eagerly and only too willingly receive this proof. We know that the former extravagant promises are out of the question, but we should be grateful to have it demonstrated that the serum can reduce the mortality by even one per cent. As yet we have not the slightest basis on which to found an expectation that fewer children will die in the future of this disease on account of the serum treatment."

Dr. Cordeiro's paper will be published in full in the next annual report of the Surgeon-General of the Navy.—*Medical Record.*

THE ASSOCIATION OF MILITARY SURGEONS OF THE UNITED STATES.—The National Association ot Military Surgeons of the United States will hold its fifth annual meeting at Buffalo, N. Y., May 21st, 22d and 23d, 1895. The officers for 1894-1895 are: George M. Sternberg, President, Brigadier-General and Surgeon-General, Washington, D. C. Louis W. Read, Vice-President, Colnel and Surgeon-General, N. G. Penn., Norristown. Albert L. Gihon, 2d Vice-President, Medical Director, U. S. Navy, Washington, D. C. Eustathius Chancellor, Secretary, Lt-Colonel and Medical director, N. G. Mo., 515 Olive Street, St. Louis. Julian M. Cabell, Ass't Secretary, Captain and Asst' Surgeon, U. S. A., Washington Barracks, Washington, D. C. Lawrence Carr, Treasurer, Major and Surgeon, N. G. O., 143 W. 7th Street, Cincinnati.

THE Faculty of the Northwestern University Woman's Medical School of Chicago recently passed resolutions of regret that the State Board of Health had seen fit to grant a license to practise to students of the college who had failed to pass the graduating examination. The State Board was requested to make its standard of qualifications at least as high as the best medical college in the country.—*Ex.*

A bill was recently introduced into the Arkansas Legislature, repealing the present medical law, and creating county instead of State boards of medical examiners. The Governor vetoed the bill, but the House promptly passed it again over his veto by a vote of 51 to 33.

Dr. John W. Coles, a retired surgeon of the United States Navy, died at his home in Philadelphia, Pa., on April 6th, aged fifty-five. He entered the navy in May, 1863, as an acting assistant surgeon. On January 14, 1867, he was promoted to passed assistant surgeon. His last service was as surgeon at the Philadelphia Naval Hospital and as a member of the Medical Examining Board. He was placed on the retired list on Feb. 5, 1885.

The cholera is beginning to increase again in Russia with the advent of milder weather. Between March 10th and March 23rd, in the province of Podolia, there were eleven cases of cholera and six deaths from that disease. From March 10th to March 16th there were fifty-six cases of cholera and four deaths in the province of Volhynis.

In a case recently appealed to the Supreme Court of Connecticut where the plaintiff claimed damages for alleged maltreatment in the Waterbury Hospital, the Court sustained the plea of the defence that the hospital was not liable, as the treatment was made without charge and the attending physicians had no fees.

Dr. J. N. Dixon, of Springfield, Ill., was called as an expert witness by the city in a suit against the latter to recover damages for an injury sustained in a fall. The city refused to pay the witness anything for giving expert testimony, and the witness thereupon declined to give an opinion. The court held that he was obliged to answer the hypothetical question, whether paid as an expert or not, and upon refusal fined him $25 for contempt of court. Dr. Dixon has appealed to the appellate court of the State, and the question will be decided in May.—*Med. Rec.*

Dr. Nathan French, for over fifty years a practicing physician in Malden, Mass., died April 27th, after an illness of two weeks' duration, aged eighty-four. He was born in Sandown, N. H., and resided in Malden over sixty years. He never held any public offices, but his fifty years of practice he spent mostly among the poor of the city. The funeral took place Monday, April, 29th. His body laid in state from ten to twelve o'clock on that day.

The Cleveland Medical Society have adopted the novel plan of having addresses made and clinics held before the Society once every three months by men of prominence throughout the country. The secretary reports that he receives requests from all parts of the United States from the leading men in the profession for opportunity to read papers before the Society. At the last quarterly meeting, Dr. M. Allen Starr, of New York, read a paper on the "Mechanism and Causation of Nervous Diseases."

Dysentery.— Powdered cinnamon in drachm (4 grammes) doses, mixed with a few drops of water, and made into a ball. To be taken morning and evening, washed down by a mouthful of water. Treatment derived from the Persian. Tried by author for past two years; thirty cases being thus cured, some by one or two doses, the worst by six doses.—Surgeon-Major S. T. Avetoom, Beluchistan, India, *Lancet*, March 2, 1895.

Prof. Dr. Charles Thiersch died in Liepsic, Sunday, April 28th. He was one of the most celebrated surgeons in Germany.

Dr. N. J. Neilsen, a prominent physician of Chicago, who had, until six months ago, enjoyed a lucrative practice, made a desperate attempt to kill himself April 16th, in the presence of his mother. She was horrified to find him writhing in agony on his bed from the effects of taking a dose of chloral. While the mother was trying to find some antidote, Dr. Neilsen suddenly rose, seized a razor, and drew the blade across his throat before Mrs. Neilsen could stop his hand. Breaking away from his mother, the crazed man rushed into the kitchen, where he seized a knife and again slashed his throat. Then he ran back to his room, and, turning on the gas, tried to keep his frantic mother out, but the loss of blood and the chloral made him unconscious. He had become despondent through illness and consequent loss of practice.

The following is a list of the different annual meetings of medical societies, state and national, that convene in May: American Association of Genito-Urinary Surgeon, meets at Niagara Falls, N. Y., the last week in May; American Academy of Medicine, annual meeting at Baltimore, May 4th and 6th; Association of American Physicians, annual meeting at Washington, May 28th, 29th and 30th; American Gynecological Society, annual meeting at Baltimore, May 28th; American Medical Association, annual meeting at Baltimore, May 7th; American Laryngœological Association, annual meeting at Rochester, N. Y. in May; The Association of Military Surgeons of the United States, annual meeting at Buffalo, N. Y., May 21st, 22nd, 23rd; National Association of Railway Surgeons, annual meeting at Chicago, May 1st, 2nd, 3rd; American Paediatric Association, annual meeting at Hot Springs, Va., last week in May; Army and Navy Medical Association, annual meeting at Decatur, Ill. in May. State conventions are the following: The Arkansas Medical Society meets at Little Rock, May 1st; The Connecticut Medical Society, annual meeting at Hartford, May 22nd and 23rd; Illinois State Medical Society, annual meeting at Springfield, May 21st and 22nd, 23rd; Kansas Medical Society meets at Topeka; The Louisiana Medical Society at New Orleans, May 7th; Missouri State Association, annual meeting at Hannibal, May 21st; New Hampshire Medical Society, annual meeting at Concord, May 30th and 31st; Nebraska State Medical Society, annual meeting at Grand Island, May; Medical Society of the State of North Carolina, annual meeting at Goldsboro, May 14th, 15th and 16th; Ohio State Medical Society, annual meeting at Columbus, May 15th, 16th and 17th; The State Medical Society of Pennsylvania, annual meeting at Chambersburg, May 21st; Washington State Medical Society, annual meeting at Seattle, May 21st, 22nd, 23rd.

Dr. Wm. Pepper, of Philadelphia, late provost of the university, will spend the coming summer with his interesting family in Europe. For years past the Peppers have been society leaders at that ultra fashionable resort, Newport, where they will be much missed during the coming season.

An act to provide for the incorporation of pathological and anatomical associations for the advancement of medical and surgical science, and the legalization of dissection of paupers, has been passed by the Legislature of New Jersey, and has been duly signed by the Governor.

Dr. Clancy, of the Cambridge, Mass., school board, after a hard fight, has succeeded in carrying through an order abolishing henceforth and forever the use of slates, sponges and slate pencils in the public schools of that town.

WHAT-DO-YOU-WANT?

DO YOU WANT ANYTHING YOU HAVE NOT GOT?
HAVE YOU GOT ANYTHING YOU WANT TO GET RID OF?

SAY SO IN THIS JOURNAL WITHOUT COST.

WANTED—A desirable location to practice medicine in Wisconsin. I know just what I want and am able to pay for it. Do not write me unless you have a bargain to offer; if you have and mean business, address T. G. R., M. D., care CINTI. MED. JOURNAL, Cinti., Ohio.

FOR SALE.—One Marshall's convertible buggy case, containing 34 bottles. As good as new. Only been in use six months. My reasons for wanting to sell, is retirement from practice. $5.00, less than half the cost. For particulars address, H. G. MINTER, M. D., Jakin, Ga.

WANTED—A buyer, to take off our hands Frank Leslie's reprints of Civil War series. Two volumes, handsomely bound, profusely illustrated, perfectly new. Regular price $10.00. Will take $5.00 for them. If you want them at that price address, BUSINESS MANAGER, CINTI. MED. JOURNAL.

FOR SALE.—18 cell combined Galvanic and Faradic battery—Mackintosh in good working order. List price, $52.50; will take $20.00 for it. Address, DR. NEWLIN, Anderson, Ind.

FOR SALE.—One pocket light condenser with lamp, in leather case. Cost $16.50, will sell for $4.00. Also, 1 Ponds' sphygmograph, new, price $10.00, cost $35.00. Address, G., care the M. A. Spencer Co., 134 W. 7th St., Cincinnati, O.

BARGAINS.—We have now on hand three or four safes, different sizes, smallest 18 x 18 x 28 in., taken on an advertising contract by us from one of the largest and most reliable safe manufacturers in the country, which we wish to sell. They are perfectly new, fire-proof, handsomely finished. We use one of them in our office and are pleased with it in every way. Every man who has a home and an office should have a safe in each as a guard both against fire and theft; for the safe keeping in any emergency of valuable books, papers, notes, mortgages, insurance policies, jewelery, plate, valuable instruments, etc. The price at which we are selling these safes is astonishingly low. Write for full particulars to THE BUSINESS MANAGER, CINTI. MED. JOURNAL.

FOR SALE—One Webster's International Dictionary, last edition, perfectly new, sheep binding, indexed. For price address, BUSINESS MANAGER, CINCINNATI MEDICAL JOURNAL.

Pharmaceutical Notes.

AN OCCULAR FEAST.—The grandeur and beauty of the scenery along the line of the Baltimore & Ohio is world-renowned and has gained for this route the sobriquet of "picturesque B. & O.

In no instance of equal length on the continent is there such a variety of mountain, valley, and stream, and nowhere are the surroundings invested with greater historic interest. One has but to repeat the names of Potomac, Shenandoah, Harper's Ferry, and incidents that crowd the pages of the later history of the Republic.

Much of the region traversed by the B. & O. was during the Civil war, the debatable land over which the contending hosts marched and fought, alternately pursuers and pursued. At Harper's Ferry the Old Crica fort from which John Brown bade defiance to Virginia's pride and power, stood in full view from the car window until it was removed to form one of the attractions at the World's Fair. It is at this point the historic river, disdaining impediment, has literally cleft its way through the Blue Ridge mountains, whose rock-ribbed walls rise sheer, for a thousand feet from the waters edge. This is but one picture, the entire line, from Cincinnati to Baltimore, is a living gallery of views that prove a source of present delight to the traveler and becomes a cherished recollection in after years. No other line can offer similar advantages and accommodations *en tour* and fulfill its promises. These facts are known and appreciated by the traveling public, who never tire in recommending the B. & O. to those contemplating a trip east. For full particulars regarding the meeting, call on or address, C. H. KOENIG, G. P. A.. S. E. Cor. 4th & Vine, or G. B. Warfel, Ass't. Gen'l. Pass. Agent, Central Union Station, Cincinnati, O.

"DIGESTION AND DIET." By Sir William Roberts. The appearance of this little work almost marked an era in the field of physiological chemistry, and at once stamped its author as an authority on all subjects pertaining to human food.

In speaking of starch, he says, "The importance of starch as an article of human food has perhaps scarcely been duly recognized. If we regard the enormous proportions in which the seeds of cereals and leguminous plants and the tuber of the potato enter into our dietary, and the immense per-

centage of starch in these articles, it is probably not too much to say that fully two-thirds of the food of mankind consists of starch,

It is deplorable, but a fact nevertheless, that intestinal or pancreatic indigestion is rapidly increasing, and starch must be omitted from the dietary of a patient so afflicted, for notwithstanding its importance as a food, if it is not digested it rapidly ferments, and is consequently worse than no food at all.

No observing physician needs to be told the immediate results of any interference with the starch- digesting functions of the pancreas. Rapid loss of weight and strength are but the precursors of more serious troubles.

It is in cases of this character that an artificially-digested starch food like Paskola proves of greatest value, for not only does it present this most important element of the human diet in a form ready for immediate assimilation, but it aids the digestion of other foods.

The uses of such a preparation are legion, and Paskola is destined to fill an important place in the newer *materia medica.* A supply of the product will be gladly sent, express prepaid, to any physician who may wish to test its practice.—*Reprinted from Daily Lancet*

N. H. PIERCE; M. D., 43 Pontiac Street, Ann Arbor, Mich., says: I have used Celerina as indicated, and am much pleased with the result. I prescribed it in a case of extreme nervous debility, bordering on tremens, through alcoholic excess, and it not only quieted the nervous excitement, but seems to have acted as an antidote to alcoholism, so that the patient, a young man, son of a widow, whose chief fault seems to have been a periodical craving for drink, has remained sober and industrious for many weeks. He was seldom sober more than a week at a time previous to this. I consider it one of the most valuable of medicines also for dyspepsia, headache, dysmenorrhea, hysteria, etc.

NOTE change of address. The office and laboratory of the Peacock Chemical Company removed to 112 and 114 North Second street, St. Louis, Mo. Telephone No. 907.

I HAVE derived the most satisfactory results in all nervous troubles from the use of Peacock's bromides. I frequently prescribe it and I invariably do so when bromides are indicated since I am certain to get permanent results. FRED'K. G. MOORE, M. D., Boston, Mass.

THE REAL VALUE OF THE MEDICINAL PEROXIDE OF HYDROGEN PREPARATIONS FOUND IN THE MARKET.

By H. ENDEMANN, PH. D., CHEMIST.

Formerly Associate Chemist to the New York City Board of Health.

In this valuable article, the writer states that a standard solution of medicinal H2 O2 must answer the following tests:

1. It should contain at least 15 volumes of available oxygen.

2. The quantity of free acids contained in 100 cubic centimeters, should require not less than one c. c., and not more than 3 c. c. of normal volumetric soda solution, to be made neutral. Such a small quantity of free acid is not objectionable.

3. It should not contain any soluble baryta salts.

3. It must be free from sediment.

The different brands which he found on the market, being submitted to the above tests, gave the following results:

BRANDS OF H_2O_2 SOLUTIONS.	Volume of Available Oxygen determined by means of a solution containing 5.665 Grammes of Permanganate of Potash per liter of distilled water.	Residue obtained from 100 C. C. of Peroxide of Hydrogen dried at 120 degrees C.	Acidity expressed in Cubic centimeters of Normal Volumetric Soda Solution for 100 C. C. of Peroxide.	Baryta found in Soluble Baryta Salts contained in 100 C. C. of Peroxide.
No. 1. John Bene's H_2O_2 (Medicinal)	10.50	0.1886	2.19	None
No. 2. Hydrozone	27.35	0.2180	3.11	"
No. 3. Larkin & Scheffer's H_2O_2 (Medicinal)	9.65	0.1206	6.75	"
No. 4. Mallinckrodt's " "	9.55	0.1408	1.43	"
No. 5. Marchand's " "	16.55	0.564	1.29	"
No. 6. McKesson & Robbins' " "	10.95	0.0540	0.44	"
No. 7. Merck & Co.'s " "	0.50	0.2418	4.57	"
No. 8. Oakland Chemical Co.'s " "	10.50	0.0382	0.34	0.0017
No. 9. Peuchot's " "	10.60	0.4674	1.77	0.0018
No. 10. Powers & Weightman's " "	8.40	0.0830	2.03	None
No. 11. Pyrozone, 3 per cent. " "	11.20	0.0534	0.76	"
No. 12. Rosengarten & Son's " "	3.10	0.1002	0.25	"
No. 13. Smith, Kline & French Co.'s " "	6.15	0.0880	2.6	"
No. 14. E. R. Squibb's " "	12.40	1.004	12.04	"

By referring to this table, it is easily noticed that brands No. 7 and No. 12 are valueless.

The brands No. 8 and No. 9 are not fit for medicinal uses, owing to the fact that they contain traces of soluble baryta salts.

The brand No. 3 has a heavy sediment of sulphate of baryta, which may be considered inert towards the system, but it is certainly detrimental to the keeping qualities of this preparation.

Brand No. 14 which is sold as a ten-volume solution, is really twelve volumes, but it is too acid.

Volume No. 5, which is sold as a fifteen-volume solution, is really 16.55 volumes, viz.: About 10 per cent. above the standard.

The brand No. 2, which is sold without any mention of volume, is really a 27.35-volume solution, viz.: Ninety percent. above the standard.

None of the other brands come up to the standard, but, on the contrary, they run from 35 to 55 per cent. below.—*Abstract from the Times and Register, of Philadelphia, Pa., December* 15, 1894.

American Medical Association Meeting, at Baltimore, May 7th to 10th, 1895.—The coming meeting of the American Medical Association, to be held in Baltimore, in May, will undoubtedly be very largely attended and promises to be one of the most successful and interesting meetings of recent years. A great many interesting papers will be read and a general good time is already assured.

After adjournment cheap round trip tickets can be procured, from Baltimore to New York and return, and members will be accorded the privilege of a stop-over at Washington and will undoubtedly be given the privilege of taking a steamer at Washington and going down the Potomac river to Old Point Comfort, on the seashore and home via Richmond, Charlottesville, White Sulphur Springs ahd Cincinuati.

The scenery along the Chesapeake & Ohio Ry. is beautiful at any season of the year, but it is practically attractive in May, especially in Virginia. All trains are vestibuled throughout, lighted by electricity, carrying dining cars, elegant sleeping cars, and observation cars, and the entire line is operated on the Block Signal System. The Chesapeake & Ohio is essentially a tourist route and is famous for the magnificent scenery through the Blue Ridge and Alleghaney Mountains and the Many noted health and pleasure resorts and famoos battlefields scattered along the line.

The Chesapeake & Ohio Ry. have made a low rate for the round-trip tickets, and sleeping car reservations. Full information can be obtained by addressing, D. E. Holmes, G. P. & T. A., C. & O. Ry.. 5th and Walnut, Cincinnati, Ohio.

The annual convention of the American Medical Association and Academy of Medicine is to be held in Baltimore, Md., May 4th to 10th, 1895. A few facts for the Disciples of Esculapius to consider.

For the occasion the B. & O. S. W. Ry. will sell tickets from Cincinnati, Ohio, to Baltimore; Md., and return for a fare and one-third.

Take the "Royal Blue Flight," leaving Cincinnati at 6:15 p. m. daily with its superb coaches, decorated in the highest style of modern art and *vestibuled throughout*—the chief merit of which is that it effectually prevents telescoping cars in case of collision and the second great advantage lies in the fact that the new device entirely overcomes the swaying motion imparted to ordinary trains when rounding curves at high speed. On these trains the traveler finds himself encompassed with all the comforts, conveniences, and even the luxuries of home and the elegancies of the drawing-room cars excel in no few instances the rich paraphernalia of many a private household.

In the after-treatment of a case where "an operation for the relief of an Impermeable Occlusion of the Œsophagus of five years standing" had been performed, which operation was reported at length in the *New York Medical Journal* of March 23d, 1895, Dr. Augustus C. Bernays, A. M., M. D., Heidelberg, M. R. C. S. Eng., Professor of Anatomy and Clinical Surgery at the Marion-Sims College of Medicine, the operating surgeon, says:

"The patient rallied fairly well after the operation, but she became greatly emaciated. Liquid food was given at short intervals and stimulants as indications demanded. In order to allay the extreme nervousness and irritability, Antikamnia was given and it acted promptly and satisfactorily in every instance."

Of the further history of the case it may be stated that on the seventh day after operation, the patient took into her stomach through the natural channel the first food which had passed it in five years; and that in two months convalescence was regarded as fully established.

If your patient is pale, weak nervous, irritable, and losing flesh, he is suffering from malnutrition, "caused by" indigestion and malassimilation; remove the cause by giving two fluid drachms of Seng before each meal.

Walter W. S. Corry, M. D., L. R. C. S., I. & C., Rosedale Abbey, Pickering, Yorkshire, England, writes: I have used IODIA, and am satisfied that it is a very powerful alterative, and a great improvement on the old combination of iodide of potassium and sarsaparilla, the latter drug itself being most doubtful in its effects, while the preparation is valuable also as a diuretic, a thing of no small consideration in most of the diseases in which it is indicated.

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